



Wellbeing Reduced Timetable Contract

This plan is made on a temporary basis due to exceptional circumstances. It is to be used in order to support the emotional wellbeing & mental health needs of a young person.

Date of meeting:		Location:	
Pupil name:			
Year Group:			
Date of Birth:			
Agencies involved with child:			
Name:	Role:	Attended Y/N	
Start Date of plan:		Review Date of Plan:	
Reasons for this plan:			Evidence attached:
Physical Health (recommended by professional)			Other:
Mental Health (recommended by professional)			

Reason for reduced timetable:	Objectives: Child:
Actions to be taken:	School: Parents:



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Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1					
Period 2					
Period 3					
Period 4					
Period 5					

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1					
Period 2					
Period 3					
Period 4					
Period 5					

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1					
Period 2					
Period 3					
Period 4					
Period 5					



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The undersigned confirms that all parties agree to this reduced timetable and the outcomes and objectives that were discussed during the meeting. This is a temporary agreement and the use of this reduced timetable is for a period of six weeks, used to support the young person back into all classroom-based lessons. Review arrangements have been agreed and all safeguarding issues have been taken into consideration.

Wellbeing Officer:		Date:		Signature:	
Pupil:		Date:		Signature:	
Parent:		Date:		Signature:	
Other professional:					