



Wellbeing Reduced Timetable Review

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

General overview of outcome so far:	Feedback:
	Child:
Overall comments regarding reduced timetable:	School:
	Parents:



Wellbeing Reduced Timetable Review

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

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

Week 6	Monday	Tuesday	Wednesday	Thursday	Friday
Period 1					
Period 2					
Period 3					
Period 4					
Period 5					



Wellbeing Reduced Timetable Review

The undersigned confirms that all parties have reviewed the reduced timetable and that feedback has been recorded. By signing this document, it has been agreed that the timetable will continue for the remaining 3 weeks. This remains a temporary agreement and the use of this reduced timetable for the remaining period is being used to support the young person back into all classroom-based lessons.

If it is agreed that the reduced timetable is not working and that the parties involved do not wish to continue please tick this box and sign below:

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