**Temporary Reduction of Hours, Early Years -Parent(s)/ Carer(s) Agreement**

Parent /Carer Consent Form – to be completed by parents and carers

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| **Child Name:** |  |
| **DOB:** |  |
| **School/setting** |  |
| **Review date:** |  |

|  |  |
| --- | --- |
| I/we can confirm that (school/setting name) have shared the individual pupil barriers to positive engagement in education with me/us. |  |
| I/we can confirm that the (school/setting name) have shared with me/us the planned timetable and reintegration plan and provided us with a copy and that this is not more than 6 weeks |  |
| I/we can confirm I/we believe this reduced educational provision is in the best interest of our/my child. |  |
| I/we consent to the implementation of this temporary reduction of EY hours entitlement |  |
| I/we have agreed to the reduced hours and have not been pressured to do this. |  |
| I/we have been notified of the first review date for this reduced provision and the school/setting have confirmed they will provide an update. |  |

### Parent(s) / Carer(s) agreement

|  |  |
| --- | --- |
| **Name:** |  |
| **Date:** |  |
| **Signature:** |  |
| **Name:** |  |
| **Date:** |  |
| **Signature:** |  |