

# SAM Guidance: CYP Reduced TT / Alternative Provision Form

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# SAM Guidance: CYP Reduced TT / Alternative Provision Form

## Running the report

➤ Use this guidance in conjunction with the generic SAM guidance (1. [Running School Reports](#)).

To identify which children / young people are currently known to have a school organised reduced timetable/alternative provision package please run the following report:

### School Reports

Report \*  ✓ ↕

Format \*  ✓ ↕

Open report after creation

Cancel

Run Report

➤ After running the report, it will open in whichever format you have chosen.

### School Commissioned AP / Reduced Timetable

Xxx Notts Test Headcount Provider (8919684)

| UPN  | Surname | Forename | DOB        | Gender | NCY       | CSC Involvement | At Risk of Perm Ex | Other Info | Reason for AP/RTT | Parents consent to Plan | Date First AP/RTT | School Hours | Non-School Hours | Details | Next Rvw DT | Future Details |
|------|---------|----------|------------|--------|-----------|-----------------|--------------------|------------|-------------------|-------------------------|-------------------|--------------|------------------|---------|-------------|----------------|
| Test | Test    |          | 01/09/2010 | Male   | NC Year 8 | False           | True               | Some Info  | Reintegration     | Yes                     | 10/06/2024        |              |                  |         | 31/07/2024  |                |

## Completing the form

➤ Use this guidance in conjunction with the generic SAM guidance (2. [Completing SAM Online Forms](#)).

After locating the correct child/young person, along the right side is a drop-down bar, choose option 'Reduced Timetable / Alternative Provision: Notification/Review' and then click 'Add'

Test Test 06-05-2020 Nursery second year [Unknown Address], ZZ1 1ZZ

N/A

Reduced Timetable / Alternative Provision: Notif

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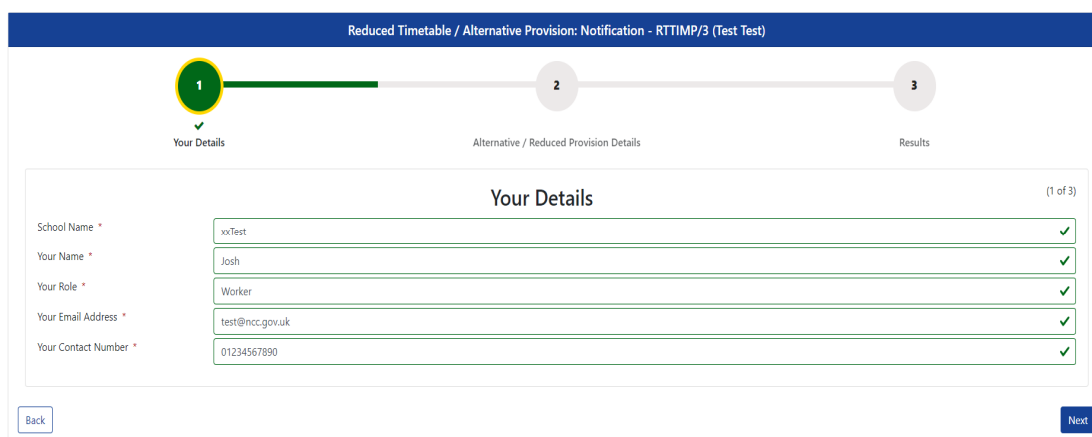
## Then Start

School : XXX Nott's Test Headcount Provider  
 Child : Test Test  
 Form : Reduced Timetable / Alternative Provision: Notification - RTTIMP/3

Please click the Start button to begin

[Back](#) [Start](#)

Firstly, you will need to provide your details in case we need to contact you.



Press Next, On the following screen in the Reason for submitting form box select the following:

**Notification of new AP/RTT package:** if the (Child/Young Person) CYP did not appear in the previously run report and you wish to notify the LA that the CYP has an RTT and/or AP package.


**Review – Continue with AP/RTT package:** use this option if a review has taken place and the package is continuing for the CYP. Include any changes in the form.

**Review - End of AP/RTT package:** if a CYP is no longer on an AP/RTT package.

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Then record the information about the Reduced TT / Alternative Provision Package.

Reduced Timetable / Alternative Provision: Notification - RTTAMP/3 (Test Test)



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### Alternative / Reduced Provision Details

|                                                                               |                                    |     |
|-------------------------------------------------------------------------------|------------------------------------|-----|
| Reason for Submitting Form *                                                  | Notification of new AP/RTT package | ✓ ✕ |
| Date of this Notification/Review *                                            | 13 Jun 2024                        | ✓ ✕ |
| What is/was the primary reason for a reduced/alternative package? *           | Gradual Admission                  | ✓ ✕ |
| What date was the child first placed on a reduced or alternative provision? * | 14 Jun 2024                        | ✓ ✕ |
| PARENTAL CONSENT:                                                             |                                    |     |
| Have the student's parents/carers agreed with this plan? *                    | No                                 | ✓ ✕ |
| If no, please provide details                                                 |                                    |     |

DO ANY OF THE FOLLOWING CIRCUMSTANCES APPLY TO THE CHILD/YOUNG PERSON?:

Tick each circumstance that applies. If other please add more information

|                                                                                                                                                           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <input type="checkbox"/> Children's Social Care Involvement<br><input checked="" type="checkbox"/> At Risk of Permanent Exclusion<br>Other (Please State) |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--|

#### PROVISION DETAILS

|                                                                                                                                         |                |     |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------|-----|
| Average Number of Hours (p/w) Provision within the School *                                                                             | 10 to 14 hours | ✓ ✕ |
| Average Number of Hours (p/w) Provision Outside of the Main School. NB with an alternative provider, twilight sessions, home tutoring * | 5 to 9 hours   | ✓ ✕ |

FUTURE PLANS:

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Submit

Once completed press Submit.