**Making TEST changes to school hours –** Full implementation proposal for Click or tap here to enter school name.

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| --- | --- |
| *To be completed by the Principal***Proposed start date for full implementation:** Click or tap to enter a date. **Attachment:**[ ]  Trial report**Comments from the Principal:**

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|       |

Name of Principal: Click or tap here to enter a name.Date submitted: Click or tap to enter a date. Signature:  |

**Previous school hours:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start time |       | Finish time |       |
| Days of the week: [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  FriDetails (include additional start/finish time if different on other days, and/or which cohorts it applied to):      |

**New school hours trialled**

|  |  |  |  |
| --- | --- | --- | --- |
| Start time |       | Finish time |       |
| Days of the week: [ ]  Mon [ ]  Tue [ ]  Wed [ ]  Thu [ ]  FriDetails (include additional start/finish time if different on other days, and/or which cohorts it applied to):      |

**Explain how the trial findings and recommendations were communicated to stakeholders:**

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**Outline how full implementation (if approved) will be communicated to stakeholders:**

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|       |

**Outline the mechanism for reviewing the changed school hours:**

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**Indicate the frequency of review:**

Choose an item.

**Any other information you would like to provide?**

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|       |

**Regional Director’s or their nominated approver Decision:**

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| --- | --- |
| *To be completed by the Regional Director or their nominated approver***Decision:** Choose an item. **Attachment:**[ ]  Human rights impact assessment I have considered the application of human rights in connection with my decision in accordance with the *Human Rights Act (2019)*. I consider my decision to be compatible with human rights. <***Add the following sentence if relevant, delete if not:*** While some rights may be limited, they are limited in a way that is reasonable and justifiable.> **Comments from Regional Director** **or their nominated approver:**

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| --- |
|       |

Name of Regional Directoror their nominated approver: Click or tap here to enter a name.Position:      Region: Choose a region.Date: Click or tap to enter a date. Signature: *\*\*\*\*\* Please return to the Principal for recordkeeping. Also, if approved, please email Full implementation proposal to Central Office at* *enquiries.dissops@qed.qld.gov.au* *\*\*\*\*\** |