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

|  |  |
| --- | --- |
| *To be completed by the Principal*  **Proposed timeframe for trial:**  Start: Click or tap to enter a date. Finish: Click or tap to enter a date.  **Attachment:**  Stakeholder consultation record  **Comments from the Principal:**   |  | | --- | |  |   Name of Principal: Click or tap here to enter a name.  Date submitted: Click or tap to enter a date. Signature: |

### **Proposal Outline**

**Current school hours:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start time |  | Finish time |  |
| Days of the week:  Mon  Tue  Wed  Thu  Fri  Details (include additional start/finish time if different on other days, and/or which student cohorts it will apply to): | | | |

**New school hours to be trialled:**

|  |  |  |  |
| --- | --- | --- | --- |
| Start time |  | Finish time |  |
| Days of the week:  Mon  Tue  Wed  Thu  Fri  Details (include additional start/finish time if different on other days, and/or which student cohorts it will apply to): | | | |

**Outline the reasons for proposing a change to school hours:**

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|  |

**Outline the expected benefits for students, staff and the school community:**

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**Outline any identified risks, their likelihood, impact and potential mitigation actions:** (list and address risks identified during the consultation process)

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Likelihood** | **Impact** | **Mitigation action** |
| *Lack of supervision arrangements* | Choose an item. | Choose an item. |  |
| *Unavailability of transport* | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |
|  | Choose an item. | Choose an item. |  |

**Outline supervision arrangements for students who need to remain at school outside proposed hours:**(within a reasonable period before the scheduled day starts or after the scheduled day finishes)

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### **Internal assessment**

**Explain how the proposal is:**

compatible with [P-12 Curriculum, assessment and reporting framework](https://education.qld.gov.au/curriculum/stages-of-schooling/p-12)

in line with legislative requirements, including human rights and anti-discrimination

compatible with [Industrial awards and certified agreements](https://intranet.qed.qld.gov.au/Services/HumanResources/payrollhr/awardspayscales)

feasible with the current school staff (teaching and non-teaching) capacity and support

accommodable with the current resources and facilities

in line with the parent and community expectations

in line with kindergarten delivery requirements (selected schools only)

compatible with school transport services.

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| *Please provide additional details if necessary (e.g. any other considerations, whether or not the decision to change school hours is compatible with the above points.)* |

### **Stakeholder Consultation**

**Indicate which stakeholders were consulted on the proposal *(select all that apply)*:**

Aboriginal and Torres Strait Islander community

Chamber of Commerce

Childcare and Outside of School Hours Care providers

Community centres, sporting groups/organisations

Community groups and local businesses

Disability services providers

Government agencies (e.g. Department of Transport and Main Roads, Child Safety Services, local council)

Health and medical centres

Isolated Children's Parent Association

Local consultative committee

Local Member of Parliament

Local schools

P&C Association

Parents/carers (of all students)

Queensland Teachers’ Union and other relevant affected unions

School staff

School transport operators (e.g. Translink)

Students

Other

|  |
| --- |
|  |

**Outcome of consultation:**

|  |
| --- |
| *Please indicate whether stakeholders selected above support a trial and provide an explanation/further detail if they do not support a trial.* |

### **Supervision and support for proposed trial**

|  |  |  |
| --- | --- | --- |
| **Frequency of monitoring** | **Responsible officer** | **Mechanism for monitoring**  *(focus group, survey, visit)* |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. |  |
| Choose an item. | Choose an item. |  |

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

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| *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:**   |  | | --- | |  |   Name of Regional Director or 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 Trial proposal to Central Office at* [*enquiries.dissops@qed.qld.gov.au*](mailto:enquiries.dissops@qed.qld.gov.au) *\*\*\*\*\** |