**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 [ ]  FriDetails (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 [ ]  FriDetails (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?**

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|       |

**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* *\*\*\*\*\** |