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

|  |  |
| --- | --- |
| Trial start date: Click or tap to enter a date. | Trial finish date: Click or tap to enter a date. |

**Members of the representative taskforce *(if applicable)*:**

|  |  |  |
| --- | --- | --- |
| NameClick or tap here to enter a name.Click or tap here to enter a name.Click or tap here to enter a name.Click or tap here to enter a name.Click or tap here to enter a name. | Role in trialClick or tap here to enter a role.Click or tap here to enter a role.Click or tap here to enter a role.Click or tap here to enter a role.Click or tap here to enter a role. | 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 student 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 student cohorts it applied to):      |

**Elements monitored:**

|  |  |
| --- | --- |
| Element | Description |
| *e.g. compatibility of school facilities* |  |
| *e.g. supervisory arrangements* |  |
| *e.g. impact on transport arrangements* |  |
| *e.g. student wellbeing* |  |
| *e.g. community satisfaction* |  |

**Challenges identified during the trial (if any):**

|  |  |
| --- | --- |
| Challenge(s) | Details  |
|  |  |
|  |  |
|  |  |
|  |  |

**Suggestions for improvement (if any):**

|  |  |
| --- | --- |
| Element | Suggestion |
| *e.g. compatibility of school facilities* |  |
| *e.g. supervisory arrangements* |  |
| *e.g. impact on transport arrangements* |  |
| *e.g. student wellbeing* |  |
| *e.g. community/stakeholder satisfaction* |  |

**Other details (if applicable):**

|  |
| --- |
|       |

**Principal’s Recommendation:**

|  |  |
| --- | --- |
| *To be completed by the Principal***Recommendation:** Choose an item.**Comments from Principal:**

|  |
| --- |
|       |

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