

Department for Children & Young People

Leading Practitioner Evaluation Form

Date:	
Time :	
Name of Leading Practitioner :	
Name of Teacher and School supported :	
Focus of the school support: Please circle	Model Lesson Team Teaching Planning FS Y1 Y2 Y3 Y4 Y5 Y6 (Mixed/single) Subject Leader Levelling and Moderation Staff meeting/Inset Other (please specify)
Rating of the support received. Please circle on a scale on 1 to 4. 1 being most useful, 4 being least useful.	1 2 3 4
How will the support you have received be further developed in school?	
Follow up support : Please circle	No Yes (please specify)