



Department for Children and Young People

Appendix 2**LEARNING & SCHOOL EFFECTIVENESS SERVICE****REVIEW OF SUPPORT**

School _____

School contact person _____

Support provided by _____

Term(s): **Autumn / Spring / Summer** (please circle as appropriate)**1. Quality of support provided**

(Where possible, please rate the quality of support you received under the following headings using a 1-5 scale – 1=very good, 2=good, 3=satisfactory, 4=poor, 5=very poor)

	1	2	3	4	5
Punctuality					
Providers subject knowledge					
Interpersonal skills of provider					
Relevance and usefulness of support work					
Appropriate style of delivery/working					
Use of practical ideas/exemplars					

Please comment

2. Impact of the support received

*How well did the support work impact on the expertise and/or confidence of the staff?
(1=very good, 2=good, 3=satisfactory, 4=poor, 5=very poor)*

Please comment, where relevant, on the impact of individual staff, departments, key stage or whole school

3. Next Steps

As a result of receiving this support, what are your next steps in developing learning and teaching further?

Please comment

Will you be requesting further support from this provider?

YES/ NO

(please delete as appropriate)

Signed _____

HOD/Co ordinator/Strategy Manager

(Secondary Schools)

Signed _____

Headteacher (Primary and Secondary Schools)

Please fax this form on (01454 868967) or post to Ken Sansom