**SLE DEPLOYMENT RECORD FORM**

**Part 1: SLE Deployment Request**

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| **Supported School details: -** |
| School name: | URN: | Phone number: |
| Headteacher name: |
| Local Authority: |
| Name of school leader(s)/staff being supported: | Their role: |
| Main school contact for this deployment: | Email address: |
| Name of broker (if not from the school e.g. Diverse Trust): | Email address: |
| SLE time requirements: -(SLEs can be deployed for a minimum of 1 day per a half term, up to a maximum of 5 total days per half term, capacity –depending. The minimum visit of half a day may be required) |
| Nature of deployment required (support, coaching, diagnostic): |
| Number of INSET/CPD days  |  | Number of twilights |  | 1-4 days short term support |   | 5-10 day and long term support\* |  |
| \* For long-term support an action plan is required |
|  |
| Key focus of support (please indicate priorities of the deployment and any relevant contributed information): |
| Intended outcomes:  |
| When is the support required?(SLE time will be charged at £375 per full day of deployment.) |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Headteacher of supported school) | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

*Please send F.A.O. Simon Jones, Director of Teaching School at email address* *tsa@stjosephsmail.com*

**Part 2: SLE Deployment Record Sheet**

It is intended that this form will be a dailyrecord sheet completed by the SLE with a member of the Senior Leadership Team.

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Key Personnel (SLE, SLT):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Planned Objectives:****\*****\*****\*** |
| **Action/Tasks to be completed:****\*****\*****\*** |
| **Intended Impact:****\*****\*****\*** |
| **Debrief summary/Additional comments** |

**Next Visit Date** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Personnel Required** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*if required*)

|  |  |
| --- | --- |
| **Objectives for next visit:****\*****\*****\*** | **Actions/Tasks for next visit:****\*****\*****\*** |

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**Part 3: Evaluation** *(to be completed by the requesting body)*

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| **Please evaluate the following using a RAG rating** | **Rating**(1 = very successful, 4 = unsuccessful) |
| The SLE’s role in facilitating support and influencing change |  |
| The overall success of the deployment |  |

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| **Additional comments** (e.g. impact, further support required, where unsatisfactory progress has been made please identify reasons): |

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