**SLE DEPLOYMENT RECORD FORM**

**Part 1: SLE Deployment Request**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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*](mailto: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)*

|  |  |
| --- | --- |
| **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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