**School to School SLE Support**

**Deployment Request & Agreement Form**

**Section 1: Requesting School to complete**

|  |  |  |
| --- | --- | --- |
| Name of Requesting School | |  |
| Address | |  |
| Name of Headteacher | |  |
| Key contact(s) | |  |
| Contact number | |  |
| Contact email address | |  |
| Preferred start date | |  |
| List the main priorities for the deployment and any other relevant contextual information including expectations of timescales or number of days of support requested: | | |
| **Priorities/objectives – a maximum of 4** | | |
| 1 |  | |
| 2 |  | |
| 3 |  | |
| 4 |  | |
| **Contextual information** | | |

**Impact Measures**

|  |  |
| --- | --- |
| **Indicate required outcomes – Pupil impact** *(delete ones that do not apply)* | **Indicate required outcomes – Staff impact** *(delete ones that do not apply)* |
| Improved examination results  Improved progress within specific departments or areas  Improved attendance  Improved Ofsted evidence  Successful academy transition  Improved behaviour/discipline  Progress in closing the achievement gap (particularly in relation to pupils in receipt of free school meals and vulnerable groups  Reduction in school variation  Evidence of external accreditation | Improved growth, confidence and learning  Improved quality of teaching and learning  Improved CPD  Improved knowledge management  Falling rates of staff absence  Improved team ethos/morale  Increased networks/partnerships/collaboration  Improved development of ITT/NQTs  Increased willingness to secure accountability of others  Increased leadership profile |
| **Indicate required outcome – Organisational impact** *(delete ones that do not apply)* | **Indicate required outcome - Impact on others** *(delete ones that do not apply)* |
| Improved internal processes and standards  Improved self-evaluation  Improved planning, including strategic planning  Greater focus on priorities  Improved financial processes and systems | Improved views of parents, governors and others in the community  Increased support for most able pupils  Greater progress by individual children  More developed system leadership roles locally or nationally |

**Section 2: ESLCN to complete**

[Once complete this whole form should be shared with the requesting school and SLE]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ESLCN (broker of the SLE/School-to-school support)** | | | | |
| Name |  | | | |
| Contact details | Tel |  | Email |  |

|  |  |
| --- | --- |
| Duration of support (days) |  |
| Likely timescale (start and end dates) |  |
| Cost (total) |  |
| Cost to receiving school |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Details of SLE Home School (Employer)** | | | | |
| Name of school |  | | | |
| Headteacher name |  | | | |
| Contact details | Tel |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identified SLE Details** | | | | | |
| SLE name |  | | | | |
| Contact details | Tel |  | | Email |  |
| Area of specialism |  | | | | |
| Deployment | Start date | |  | End date |  |

*Section 3: All to complete*

**Roles and Responsibilities Agreement**

**The SLE will:**

* Coordinate the completion of this agreement
* Provide the outreach work detailed in this agreement
* Aim to improve teaching and learning in order to raise standards and enable vulnerable children to meet age related expectations
* Fill in the Record of Visit form and email it to the administrative co-ordinator for distribution within 5 working days of the visit.
* Complete an evaluation form at the end of deployment and send to the administrative co-ordinator for distribution.

**The Headteacher of the SLE’s Home School will:**

* Agree to release the SLE for the duration of support detailed in this agreement
* Agree to the funding model.

**The Headteacher of the receiving school will:**

* agree the priorities and impact measures
* Agree to the funding arrangements
* provide the SLE with a range of relevant documentation which will support him/her in understanding the context of the school and its leadership, where agreed
* work in partnership with the SLE to produce an evaluation report

**The ESLCN will:**

* Lead on the quality assurance of SLE support
* Lead on the evaluation of impact and collation of evidence

**Changes to the Agreement:**

Changes may be made by mutual agreement

**Deployment Variation Agreement:**

Changes are being made due to the following circumstances:

|  |
| --- |
| **Please provide as much detail as possible** |
|  |
| **Date changes agreed:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed (SLE) |  | Date |  |
| Signed (Headteacher of SLE) |  | Date |  |
| Approved by ESLCN |  | Date |  |