**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 resultsImproved progress within specific departments or areasImproved attendanceImproved Ofsted evidenceSuccessful academy transitionImproved behaviour/disciplineProgress in closing the achievement gap (particularly in relation to pupils in receipt of free school meals and vulnerable groupsReduction in school variationEvidence of external accreditation | Improved growth, confidence and learning Improved quality of teaching and learningImproved CPD Improved knowledge management Falling rates of staff absence Improved team ethos/moraleIncreased networks/partnerships/collaboration Improved development of ITT/NQTsIncreased 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 planningGreater focus on prioritiesImproved financial processes and systems | Improved views of parents, governors and others in the communityIncreased support for most able pupilsGreater 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 |  |