**Specialist Leader of Education - Support Evaluation**

**(To be completed by SLE)**

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| --- | --- |
| **Academy/School** |  |
|  |  |
| **SLE** |  |
|  |  |
| **Start date** |  |
|  |  |
| **Completion date** |  |
|  |  |
| **Brief description of support given** |  |
|  |  |
| **Outcomes achieved and impact on Academy/School** |  |
|  |  |
| **Follow up action to be taken by Academy/School** |  |
|  |  |
| **Please add any comments you feel would be useful to Delta TSA** |  |
|  |  |
| **Principal/Headteacher**  **signature / date** |  |
|  |  |
| **SLE signature / date** |  |
|  |  |
| **Please submit this SLE Evaluation to** | ***Teaching School Coordinator, Delta TSA***  [***jill.kelly@deltatrust.org.uk***](mailto:jill.kelly@deltatrust.org.uk) |