**NLE / LLE / NLG / HMI and other SLE Action Plan**

*(To be used following a request by the LA for support.)*

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| **NLE / LLE / NLG / HMI / Other details** *(if ‘other’, please specify role)* | | | |
| NLE / LLE / NLG / HMI etc  name: |  | NLE / LLE / NLG / HMI etc  tel. no. |  |
| School name *(if appropriate*): |  | Preferred email address |  |

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| --- | --- | --- | --- |
| **Details of school to be supported:** *(if there is support being provided to more than one school, please complete a separate form for each school)* | | | |
| School name: |  | Deployment start date: |  |
| Headteacher: |  | Chair of governors: |  |
| Last Ofsted Date: |  | Last Ofsted OE grade: |  |

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| --- | --- | --- | --- |
| **Brief overview of reasons for support** | | | |
| Request received from: |  | Date of initial request: |  |
| Nature of request and likely time commitment: | | | |

A brief SLE Action Plan should be drawn up and agreed by both parties at the outset, using the following suggested headings:

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| --- | --- | --- | --- | --- |
| **Support objectives** | **Activity planned** | **By when** | **Any costs** | **Impact measures** |
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Signed by Headteacher................................................................. date ....................................

Signed by Chair of governors ....................................................... date .....................................

Signed by LA ................................................................ date ........................................