

Department for Children and Young People

LEARNING & SCHOOL EFFECTIVENESS SERVICE

REQUEST FOR LEADING PRACTITIONER SUPPORT

School _____

School Contact Person _____

Email address of contact person _____

Direct telephone number of contact person _____

Leading Practitioner requested (if known) _____

Nature of Support Required *(please give as much detail as possible)*

- Model lesson
- Team Teaching
- Planning – FS, Yr1, Yr2, Yr3, Yr4, Yr5, Yr6 (mixed year group / single)
- Subject Leader Support – Maths, Literacy, ICT
- Levelling and moderation
- Staff meeting / inset

Signed _____ **Headteacher** Date _____

Please fax this form on (01454 868967) or email to leading.practitioners@southglos.gov.uk