



**Southend Local Authority Outreach Support
Support/Advice for Pupils
with Speech and Language Difficulties**



Evaluation Form

It is important for all concerned that we monitor the nature and quality of advice and support given by Outreach Teachers. We would be grateful if you could spend a few minutes of your time filling out the form to help us shape and refine our practices.

Name of Child-----

Name of Teacher_____

Name of School/ Service Supported_____

Nature of Support (*please tick*)

Observation of Pupil	<input type="checkbox"/>	Discussion with Class Teacher/ Assistant	<input type="checkbox"/>
Discussion with SENCO	<input type="checkbox"/>	Practical Suggestions/ Strategies	<input type="checkbox"/>
Help with Resources	<input type="checkbox"/>	Training for Staff	<input type="checkbox"/>
Assessment (for exams)	<input type="checkbox"/>	Other (<i>Please Specify</i>)_____	

Were the objectives for the advice and support clearly identified and worked towards? Please comment.

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Did you find the content of the advice and support useful and practical? Please comment.

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Is there any way that the advice and support could be improved? Please comment.

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Do you require a follow up appointment for this visit? 1 month ☐ 3 months ☐ 6 months ☐

Please phone to make the appointment

Signed: _____ Date: _____

Please return to (by secure password protected process): Debbie Neale & Natalie Fisher

Email: SLCN@fairways.southend.sch.uk

Thank you.