

Specialist leaders of education (SLEs)

Deployment form

This form sets out the contracted arrangements and the agreed objectives of the deployment. It will also support the completion of the deployment evaluation form, which should be returned to Ludi Jones at the end of the deployment via pdo@endeavourlearning.org

**Deployment details**

|  |
| --- |
| **Specialist leader of education details:** |
| Name: |  |
| School name: |  |

|  |
| --- |
| **Supported school details** |
| Supported school name: |  |
| Local authority: |  |
| Headteacher name: |  |
| Name of school leader(s) being supported: |  |
| Main school contact: |  |
| Name of broker: | **Endeavour Learning School Alliance** |
| Deployment date: | Start date:  | End date:  |

**Identification of key focus areas for the SLE**

|  |
| --- |
| **Identification of key focus areas for support** (Please indicate below the main priorities of the deployment and any relevant contextual information such as exam results.) |
|  |

|  |
| --- |
| **Agreed objectives/key impact expected at the end of the deployment*****(Please state here what you want to achieve in terms of measurable impact on your staff, pupils and school* )** |
|  |

|  |
| --- |
| **Time commitment agreed** (Please indicate time commitment in terms of days per week/fortnight.) |
| **@ £350 per day, £200 per half day, £200 per twilight** |

|  |
| --- |
| **Other arrangements agreed**  |
|  |

 **Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_**

**(Headteacher of supported school)**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_**

**(Ludi Jones – Director of Professional Development)**

*All parties involved may want to keep a copy for their records.*