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| **OUTREACH SUPPORT EVALUATION FORM** |
| **Date support received:** |  | **Type of support received:** |  |
| **School/setting name:** |  | **Outreach support delivered by:** |  |
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| **How would you rate the training you have just received? Circle one of the words.**Excellent Good Satisfactory Poor |
| What impact has the outreach support on the staff, students and families? What is the evidence to support this? |
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| If you had difficulties implementing any of the agreed strategies, can you indicate why this was the case? |
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| What were the most useful aspects of the outreach support? | What changes would have made the outreach support even better? |
| Thank you for your feedback. This will help us to identify any gaps in our provision and to provide a better service, helping you to improve your practice. |  |

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| If the outreach support was a pupil referral, how would you now score your ability to meet the main presenting need of this pupil? Please circle. (1=most able; 10=least able) |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |