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| --- | --- | --- | --- | --- |
| **OUTREACH SUPPORT EVALUATION FORM** | | | | |
| **Date support received:** |  | **Type of support received:** | |  |
| **School/setting name:** |  | **Outreach support delivered by:** | |  |
|  | | | | |
| **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? | | | | |
|  | | | | |
| If you had difficulties implementing any of the agreed strategies, can you indicate why this was the case? | | | | |
|  | | | | |
| 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** |