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|  | Suffolk County Council: School to School Support |  |

Instructions: To be completed prior to requesting support from Suffolk County Council.

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| **SCHOOL TO SCHOOL SUPPORT SCOPING SPECIFICATION** | | | |
| **Client school** | |  | |
| **Headteacher of client school** | |  | |
| **School contact and role** | |  | |
| **Desired Start date** | |  | |
| **Desired End date** | |  | |
| **A** | What is the specific detail of the need?  What evidence is this based on? | |  |
| **B** | What is the intended, essential outcome of the support?  How will this be measured? | |  |
| **C** | What type of support might best meets the specific needs?  (e.g. a practitioner, specific training – at what level i.e. SLE or support from the HT of the TSA) | |  |
| **D** | Specific timescales reflecting the rapid pace of improvement needed. | |  |
| Costings/ Budget information (If known)  This can also be completed in discussion with Suffolk County Council | | |  |
| **E** | Total number of days and level (SLE / NLE): | |  |
| **F** | Funding source if known (e.g. School, LA etc) | |  |

**On completion please email to** [**elstandardsandexcellence@suffolk.gov.uk**](mailto:elstandardsandexcellence@suffolk.gov.uk)