

 

**Evaluation of a Year 1 Reading Support Programme**

**School Baseline Information**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Post Code:

What percentage of pupils in your **whole school** are ‘ever eligible FSM’? \_\_\_\_\_\_\_%

**All references to Year 1 below refer to your current Reception year – Year 1 in the academic year 2018/2019, during the evaluation period.**

How many pupils do you have in **Year 1**? \_\_\_\_\_\_\_

What percentage of pupils in **Year 1** are ‘ever eligible FSM’? \_\_\_\_\_\_\_%

How many Year 1 classes do you have?

How many **whole Year 1 classes** do you intend to deliver the Reading Support Programme to (if allocated)? \_\_\_\_\_\_\_

If you do not intend to deliver to a whole class, how many **Year 1 pupils** do you intend to deliver the Reading Support Programme to (if allocated)? \_\_\_\_\_\_\_

Does your school have the necessary IT facilities to deliver the Reading Support Programme ICT model?

Yes

No

If No, what facilities are lacking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTO**

If you school is allocated to deliver the Reading Support Programme, which members of staff will deliver the programme? (tick all that apply)

Teaching assistant

Teacher

Head/Deputy head teacher

SENCO

Other (please give details)

**PTO**

Is you school involved in any other evaluation/trial involving Year 1 pupils? (please give details)

**Thank you for agreeing to take part in this research. Please return this form to:**

Emily Best, [Emily.best@literacytrust.org.uk](mailto:Emily.best@literacytrust.org.uk)

Or post to:

Emily Best

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