**SURE START EVALUATION 2018/19**

**DATA COLLECTION FORM**

***Please complete this form in advance of the visit by ETI and email it to Inspection Services Team (IST) at:*** [***eti@education-ni.gov.uk***](mailto:eti@education-ni.gov.uk)

**Name of Sure Start Project:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Chairperson:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Developmental Programme Support Specialist:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Lead speech and language therapist who supports the project SLT:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Total number of staff employed to work in the Sure Start project: |  |
| Total number of families eligible to use services: |  |
| % of eligible families participating in 1 or more service: | % |
| Total number of children eligible to use 2 year old programme: |  |
| % of eligible children enrolled in 2 year old programme: | % |

**Roles and responsibilities**

Names of key staff, qualifications, number of years in service in this project.

* *If applicable please indicate in which area of practice this staff role includes responsibility for monitoring and evaluation quality or outcomes.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title/Role** | **\*Area of responsibility for monitoring and evaluating** | **Qualifications** | **No. of years in post** |
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\*\* Please indicate any posts that are being filled in a temporary capacity.

Vacant posts at the point of the evaluation visit.

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***Add additional pages if required.***