

UFA LEAD PRACTITIONER Overview Survey



Name

Email address

Name of school/organisation

Postcode/Area

2. Date today

DD MM YYYY
 / /

3. Which UFA programme have you just run? (Tick one only)

- | | | | |
|------------------------|-----------------------|---------------------------------|-----------------------|
| Super Learning Days | <input type="radio"/> | Peer Tutors | <input type="radio"/> |
| Summer Challenges | <input type="radio"/> | Young Researcher and Evaluators | <input type="radio"/> |
| Extra Curricular Clubs | <input type="radio"/> | Helping My Child to Learn | <input type="radio"/> |
| Team Challenge! | <input type="radio"/> | Supporting My Teen To Learn | <input type="radio"/> |
| Lead Learners | <input type="radio"/> | Other | <input type="radio"/> |

4. How many people attended the programme?

Children/Young People Aged

Adults

5. When did you run your programme? (dates)

6. When did you complete your Lead Practitioner training?

7. How long was the programme you have just run?

Please note: If you would like to attach photographs (with permissions) in support of your submission, please do.

8. What worked well?

9. What would you do differently next time?

10. What have you learned?

11. How will this programme be developed in your school/organisation?

12. What are your next steps?

13. Would you like support from...

- UFA Colleagues

14. Are you or your school interested in developing other Lead Practitioner Programmes?

- Yes No