

CLC Usage Monitoring Form

Name of Teacher _____ School _____

Number of Students _____ Year of Students _____

Subject or Curriculum Area of lesson _____

Date(s) of lessons _____

Time of sessions _____

Aim of session(s)

What outcomes do you expect from the session(s)?

Post session feedback

How did the CLC facilities enhance your teaching?

Did the CLC facilities enhance pupils attainment? **Yes / No**
In what ways?

Are there any ways in which the CLC could improve its support?

Plan of lesson(s)

Evidence of Outcomes (we would be grateful for copies of any printed output that could be used to form a folder of evidence)