|  |  |  |  |
| --- | --- | --- | --- |
| **Recd** |  | **Time** |  |
| **SIMS** |  |  |  |

**LEAVE OF ABSENCE – PROFESSIONAL**

***At least two weeks’ notice is required for visits/trips.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** |  | MON TUE WED THU FRI *(please circle)* | **DATE** |   |
| **VENUE** |  | **TIME** |  |
| **REASON** |  | Has ST signed the Evolve form? Yes [ ]  No [ ]  |
| ***COURSE DETAILS (must be completed)*** |
| **Is it school based?**  |  | **Is it an external course?** |  | **Course code (if external)** |  |
| **Who is funding the course?** |  | **Is this CPD?** |  |
| **Course provider?** |  | **Cost (if known)** | £ |
| **Give 2 key aims showing how you expect this course to address Teaching and Learning in school?** ` |
| **1.** |
| **2.** |
| **Has this been identified as a result of Performance Appraisal/Coaching?**  | **Yes** |  | **No** |  |
| **Is it linked to a target in the Academy and/or Department Improvement Plan?**  | **Yes** |  | **No** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Signature** |  | **Date** |  |
| **Principal Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| **CUMULATIVE PERIODS/DAYS** |  |
| **Reason** | **Days** | **AM** | **PM** |
| School Visits/Trips/Competitions |  |  |  |
|  | Lesson observation |  |  |  |
|  | Exams/Controlled Assessments |  |  |  |
|  | Additional student/class support |  |  |  |
|  | Marking time/Work sampling |  |  |  |
| Internal Meetings |  |  |  |
| External Meetings |  |  |  |
| Meeting with parents |  |  |  |
| Training/CPD/Courses |  |  |  |
|  | TOTALS |  |  |  |
|  | % Days Absent |  |  |