**EEF Mathematical Reasoning Project - Expression of Interest Form**

(*Please complete and return to the Kent and Medway Maths Hub (srose@sjwms.co.uk) by* ***28 April 2016***)

**School details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of school |  | | | |
| Address |  | | | |
| School LAESTAB |  | Telephone |  | |
| Head Teacher |  | E-mail |  | |
| Maths Hub |  | | |

**Head Teacher statement**

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| Explain briefly (no more than 200 words) why the school wishes to take part in the effectiveness trial for the Mathematical Reasoning Programme |
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**Confirmation of school commitment (electronic signatures)**

As a school you would be committing to

* Abiding by the terms of the Memorandum of Understanding
* Consenting to random allocation to either the immediate or waiting list group, and committing to the outcome
* Participation at a local training session in September/October 2016 (for immediate schools) or Autumn 2017 (waiting list schools)
* Using the materials with all year 2 classes in your school
* Sharing the required pupil and school data with the evaluation team
* Contributing to the evaluation survey on teaching approaches
* Facilitating the support visits of the Work Group Leads
* Facilitating the post intervention assessments
* Participation at a local review meeting in June/July 2017

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| --- | --- |
| Head Teacher | *Signature of Head Teacher* |
| Maths Lead or Year 2 Lead | *Signature of Maths Lead or Year 2 lead Teacher* |

*(Note: When the EoI form is e-mailed to your Maths Hub, please copy all those above in confirmation of their electronic signature.)*