

2019 phonics screening check monitoring visit form

Section A and **Section B** of this form must be completed for all visits. Only complete **Section C** if you have entered an X or N in Section B.

A copy of this form must be left with the school's headteacher, or delegated member of staff. Return the original to your monitoring visits co-ordinator.

School name					
DfE number		/		Date of visit	
Monitoring visits co-ordinator				Local authority	
	*	00		1000 To	
Section A: general admi	nistration	Y/N	Notes		
Q1. Is there evidence that	the				

Section A: general administration	Y/N	Notes
Q1. Is there evidence that the		
consignment was checked on		
arrival?		
Q2. Are appropriate staff		
administering the check?		
Q3. Have administrators received		
appropriate training to administer the		
check?		
Q4. Is the room where the check is		
being, or going to be, administered		
appropriate?		

Section B: check-specific information Indicate the status of observation with √, X, or N	Check pack storage	Complete check administration observed	Completed answer sheets	Data collated for reporting

Section C: Unless you have entered an X or N in Section B, please leave this section blank.

Short description of issues identified and any action you have taken:	

Name of monitoring visitor	Headteacher or delegated member of staff	
Signature	Signature	

Please treat this form as confidential when it is complete.

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