|  |  |
| --- | --- |
|  | **Evaluation of impact by the teacher** |

**Teacher**: please complete a copy of this form for each child and provide all forms to your school administrator by the end of June. (If a child leaves or otherwise is removed from the scheme early, please complete and forward the form at that time.)

**School administrator**: please collate all teachers’ forms and send them to the Number Champions administrator or email scanned versions to mail@numberchampions.org.uk by 30 June.

**(**Please give the child’s first name only, adding, if necessary, the minimum leading letters of the surname to identify the child uniquely on the class roll.)

|  |  |
| --- | --- |
| **School Year** | 2021-22 |
| **Date** |  |
| **School** |  |
| **Teacher** |  |
| **Class** |  |
| **Child** |  |
| **Volunteer** |  |

**Question 1. How has the child’s confidence in maths changed since taking part in Number Champions?**

|  |  |  |
| --- | --- | --- |
| Very much better |  | Please put X in one option |
| Noticeably better |  |
| A little better |  |
| The same |  |
| Worse |  |

**Question 2.** **How has the gap in mathematical attainment between the child and the rest of the class changed since taking part in Number Champions?**

|  |  |  |
| --- | --- | --- |
| Very much reduced |  | Please put X in one option |
| Noticeably reduced |  |
| A little reduced |  |
| The same |  |
| Worse |  |

**Question 3. Do the child's engagement in maths lessons and**

**scores in class exercises through the year reflect the progress you have noted?**

|  |  |  |
| --- | --- | --- |
| Yes |  | Please put X in one option |
| No |  |

**Please give below any feedback which you feel would be useful, both as regards further comment on the evaluations above and as regards the scheme as a whole.**

|  |
| --- |
|  |