

School SRE audit for:

	Focusing Little or no SRE delivered	Developing Limited SRE with many areas for development	Enhancing Functioning SRE with areas for development	Established Functioning SRE with examples of good practice
Management	Management responsibility is short term & unclear / non existent. No operational plan in place or limited awareness of local data.	Some SRE delivered but not clearly related to local health priorities. Some local data known but makes little impact on programmes of targeted or universal planning / delivery. Named Governor responsible for SRE.	Some stakeholder engagement & links to some local targets. Aspects of SRE evaluated & / or some programme changes planned. SRE identified within PSHE. Not all Governors aware of SRE policy & practice.	Active engagement of relevant stakeholders (including PCT, LA, Governors & Youth service) with good understanding of the role of SRE in contributing to Children's Plan, ECM & local targets (e.g. Teenage pregnancy), indicators (e.g. STI data) & well-being. SRE programme is evaluated & reviewed regularly & development planning for future work is ongoing. Good, curriculum use made of local / national initiatives (e.g. World Aids day or anti-bullying week). Strong links made with wider PSHE education delivery, NHSP etc. SRE identified as integral component of school improvement plan.
Subject Leadership	SRE responsibility not clearly identified in SLT & / or no identified subject leader.	SLT responsibility noted but little/ no active engagement. Subject Lead identified but other responsibilities do not allow time for curriculum development.	Subject Leader clearly identified by other staff & pupils with some support from SLT. Subject Leader has some developments planned.	Proactive SLT support & clear commitment to ECM outcomes. Subject Leader has appropriate experience & confidence, making proactive developments with delivery, materials, across the curriculum & with outside agencies (e.g. Community Nurses etc). The role of the SRE lead is clearly defined in their Job Description(s)/ work plan(s) with a time allocation.
Training & CPD	Delivery staff had no SRE training. Little or no contact with LA / PCT e.g. PSHE CPD or NHSP.	One member of current delivery staff has had some training, perhaps participated in PSHE CPD programme. Limited contact with LA advisors, nurses, youth workers & voluntary sector.	Subject Leader has participated in extended further training e.g. National PSHE CPD programme & cascaded to delivery staff. Regular contact with local advisors & networks.	A number of teachers (& support staff, e.g. community nurses) participated in further training e.g. National PSHE CPD programme & have achieved certification/accreditation in SRE. Regular training & updates for delivery staff. Established 'experts' in specific areas e.g. SRE. Regular multi-agency communication with community nurses, youth workers or voluntary sector. Delivery staff actively engaged in local PSHE networks.
Needs analysis	No consultation with young people about need. Governors not engaged. Local data not central to planning.	Some pupil consultation informs practice. (Parent?) governor consulted Little or no cross-phase engagement informs policy & practice.	Some pupil & local health data contributes to needs analysis. Parental consultation has happened but 3+ years ago. Governors aware of SRE programme	Good use of local data (e.g. Tellus, TP, STI & clinic attendance) & feedback from parents informs policy & practice. Good consultation with young people (e.g. "Are you getting it right" toolkit) informs practice & active discussion with school council. Feedback from local cluster schools & local support agencies (e.g. PCT, community Nurses & / or Youth workers) informs practice. Good governor awareness and involvement in programme.
Resources	Knowledge-based worksheets. Dated DVD / video materials. No notice board or nurse's room.	Some newer resources used but gender biased & little consideration made to faith, culture or diversity. Some limited leaflets available. Nurse room 'hard to reach'.	Resources ok but variable, some classes may use ICT. Some contemporary sources used (e.g. adverts or pop lyrics to explore values). Notice-board in regular nurse office.	Diverse resources used including interactive ICT & www. Learners involved with creation of resources or presentations. Eye-catching visual displays of pupils work. Local services clearly & publicly signposted with a nurse-led notice-board clearly displayed and regularly updated. Nurses have convenient, discrete and consistent room available.

School SRE audit for:

<p>Policy & development</p>	<p>No SRE policy in place, out of date or not clearly communicated to, or understood by staff. Other curriculum areas see no SRE contribution.</p>	<p>SRE policy written but no meaningful consultation with staff & / or pupils & parents. Some other policies mention SRE & some other curriculum areas recognise contribution to SRE (e.g. Science?) Little or no cross-phase engagement to inform policy.</p>	<p>Policy written in line with national guidance & developed in consultation with some stakeholders. Other policies mention SRE. Links with other curriculum areas clearly identified. Some cross-phase engagement informs policy.</p>	<p>Policy written, developed & recently reviewed in line with national requirements & guidance. Policy developed in consultation with all stakeholders including staff, pupils, parents & support agencies. Clear links made to other relevant policies including: PSHE education, Safe-Guarding, Confidentiality, Drug & alcohol Education (including DRI), anti-bullying. Links & contribution of other curriculum areas clearly identified. Strong cross-phase engagement informs policy & practice.</p>
<p>Delivery</p>	<p>Little SRE taught, no cross-curriculum links. Teaching characterised by knowledge based, didactic 'talks'. Teaching characterised by worksheet & passive watching of DVD/video. Progression planning seldom considered. Assumed heterosexism.</p>	<p>SRE restricted to a few hours a year. Some cross curriculum links noted. Little access to specialist support. (Nearly) all staff deliver SRE. Learning involves some small group & class discussion. Delivery exclusively via 'Drop down' or relies on visitors. Little progression planning. Ground rules in place but little consideration to meaning, impact or purpose. Focuses mainly on biology of reproduction with little values or relationship exploration. Single gender work precludes (for e.g.) boys learning about menstruation.</p>	<p>Some staff deliver under duress, provision variable. Links to other curriculum areas mentioned & some access to specialist support. Delivery planned with some progression & some multi-agency delivery. Ground rules developed in consultation with learners. Some active learning strategies employed. Learning includes some values exploration & skills development. Boys and girls aware of male & female sexual development but little acknowledgement of same-sex relationships.</p>	<p>Regular, dedicated curriculum time identified for SRE. Clear links with & contribution of other curriculum identified. Staff knowledgeable, enthusiastic & able to deal appropriately with any questions. Pupils encouraged to challenge assumptions. (Specialist staff deliver & access to specialist support encouraged. ~ secondary). Learners engaged by teachers & a variety of multi-agency visitors who enhance curriculum. Visitors receive a copy of relevant policies, are not left alone with responsibility for pupils. Learning is active, iterative, developmental & age appropriate, including small & whole class discussion, role-play & involves values exploration of faith & secular perspectives, relationships, diversity & the development of transferable social skills. Clear teaching about pleasure, intimacy, resisting unwelcome pressure, & delay. Secondary only: clear teaching about 'condoms & contraception'. Teaching based in theoretical understanding of behaviour change & personal development. Ground rules developed in negotiation with pupils & actively used & understood to create & maintain safe learning environment.</p>
<p>Assessment & Evaluation</p>	<p>Intended learning outcomes seldom made clear. Learners unable to describe their progress. Little or limited evaluation by learners of sessions including those of visitors.</p>	<p>Learning outcomes noted but limited (or knowledge only) attempts at assessment – often a quiz. Teacher – only assessment. Learners unlikely to be able to describe progress. SRE only reported as part of generic 'tutor' report. Some evaluation but limited to a 'paper exercise'.</p>	<p>Learning outcomes usually noted (inc.) knowledge & skills. Some variety in assessment approaches including teacher & peer reflection. Learners aware of progress, in general PSHE report. Some (informal?) learner comments on materials. Some informal reflection on multi-agency contributions.</p>	<p>Learning outcomes including values, skills & knowledge, clearly communicated for every session. Frequent pupil reflection on learning at end of session. Variety of assessment opportunities used including teacher observation, peer & self assessment, linked to personal development targets. Learners clear about progress in SRE which is regularly reviewed & specifically reported. Reporting includes learner's comments. Multi-agency role understood & reviewed to inform practice. Regular, active 'pupil voice' engagement to review materials, activities & visitor inputs.</p>

School SRE audit for:

Overall score: F D En Es	Comments (including any specific areas for development):
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Signed: _____ Role: _____ Date: _____ Date of next Audit: _____

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