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| --- | --- |
| Name of:* School
* Teacher
 |  |
| Year group (i.e. S1, S2…) |  |
| Number of classes  |  |
| Preferred dates/days of the week (I.e. 16.08.2020 or Monday & Thursdays) |  |
| Class time (if possible) |  |
| Will there be more than one class running simultaneously? (Will we be delivery sessions to more than one class at the same time?) |  |
| Do you have specific requests or topics that you would like us to focus on during the session?  |  |

**Schools Project**