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**School Continuous Monitoring Statement**

*NB: Please delete any guidance text in blue before submitting the form*

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| **Section A: Module Details** | |
| **School(s)** | CASS  GSBL  SCDM  SHSC  SSPR  SSSC |
| **Head of School(s)** |  |

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| **Section B: Good Practice** |
| *Please provide a maximum of three instances of good practice from across your School in relation to assessment, teaching and learning, student experience or learning resources.* |

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| **Section C: Collaborative Provision Areas for further Enhancement** |
| *Please provide a maximum of three themes and subsequent actions being taken to address them.* |

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| **Section D: School Level Areas for further Enhancement** |
| *Please provide a maximum of three themes and subsequent actions being taken to address them.* |

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| **Section E: Institutional Level Areas for further Enhancement** |
| *Please provide a maximum of three themes and subsequent actions being taken to address them.* |

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| **Section E: Sign Off** | |
| By signing the document Heads of School are confirming that the all sections have been fully completed. | |
| Head of School Name: | Signature and Date: |

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