**Language Intervention in the Early Years**

**Expression of Interest**

|  |  |
| --- | --- |
| **Your School:** | |
| **School name:** |  |
| **Postcode:** |  |
| **Local authority:** |  |
| **% pupil premium** |  |
| **% EAL** |  |
| **Main languages /heritages**  **your children come from** |  |
| **Do any of your staff speak these languages?** |  |
| **Number of children in EYFS** |  |
| **Estimated number of children eligible for project** |  |
| **Reason for interest in LIVELY study** |  |
| **Key contact:** | |
| **Name:** |  |
| **Role:** |  |
| **Email:** |  |