**Please complete as much of this form as possible and email to NQT@thomasestley.org.uk within five working days of ascertaining that the NQT concerned is at risk of not meeting the Teacher Standards.**

|  |  |
| --- | --- |
| Name of NQT | Employing body (usually school) of NQT |
| Date of appointment of NQT | NQT Induction Tutor name |
| Subject/ age-range of NQT | NQT Induction Tutor phone and email contacts |
| Number of terms or days completed so far by NQT |
| **Record of monitoring and support put in place so far by the employing body** |
| **Intervention** | **Date** | **Expected Impact** | **Review date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please continue on separate sheet if needed and attach to this sheet before returning.

|  |  |
| --- | --- |
| **Signed** | **Date** |
| NQT |  |
| Induction Tutor |  |
| Headteacher |  |