|  |  |
| --- | --- |
| **Name of NQT** |  |
| **INITIAL CONCERN FLAGGED** | **Date** | **Signature of NQT Induction Mentor** |
| Cause for concern raised |  |  |
| Appropriate body informed (TELA) within 5 working days |  |  |
| NQT informed of concern |  |  |
| Additional monitoring and support in place:* Areas for improvement clearly identified
* Timeline, success criteria, monitoring process in place
* Appropriate objectives set against Teacher Standards
* Effective support programme in place
 |  |  |
| **ACTION IF PERFORMANCE REMAINS UNSATISFACTORY** | **Date** | **Signature of NQT Induction Mentor** |
| Discuss with NQT consequences of non-completion of induction  |  |  |
| Appropriate body informed (TELA) within 5 working days |  |  |
| Headteacher and Induction tutor jointly meet NQT to explain:* Identified weaknesses impacting on plan above
* How additional monitoring and support plan modified
* Evidence used to inform judgements
* Timeline and specific plans for next assessment period
 |  |  |
| Completion of Assessment Report reflects current rate of progress with brief details of issues discussed |  |  |
| **ACTION IF PERFORMANCE REMAINS UNSATISFACTORY AT FINAL ASSESSMENT** | **Date** | **Signature of NQT Induction Mentor** |
| Discussion with NQT indicates that adequate progress has not been made |  |  |
| Completion of Final Assessment Report reflects current rate of progress with brief details of issues discussed |  |  |
| Appropriate body informed before end of assessment period |  |  |
| **EITHER:**Extension agreed based on the following:Personal crisisIllnessDisabilityIssues around support during inductionInsufficient evidence within induction documentation to make a decision about whether the NQT’s performance is unsatisfactory |  |  |
| **OR:**Decision is made and NQT informed that they have failed to complete NQT induction period successfully. |  |  |
| Appropriate body MUST advise of their right to appeal on either decision |  |  |