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| School: |
| Date:  |
| Name of NQT: |
| Name of NQT Mentor / Tutor: |
| Name of Quality Assurer:  |

**Section One: Induction Tutor / Mentor**

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| **Documentation** | **Evidenced** **Y/N** | **Comments** |
| Evidence of Induction |  |  |
| Evidence of reduced timetable for NQT |  |  |
| Evidence of regular meetings between NQT and Induction Tutor / Mentor |  |  |
| NQT Action Plans |  |  |
| Reviews of Action Plans |  |  |
| Evidence collected against teachers standards |  |  |
| Evidence of formal observations and feedback |  |  |
| Evidence of AR1/2 if applicable |  |  |

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| Notes from meeting: |

 **Section Two: NQT**

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| **Documentation** | **Evidenced** **Y/N** | **Comments** |
| Evidence of QTS |  |  |
| Evidence against teachers standards in NQT File |  |  |
| CPD Log |  |  |
| Discuss: Appropriate Body contact in the event of concerns. |  |  |

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| Notes from meeting: |

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| Further action required: |