**Name of school:** **Date of Visit:**

**Name of NQT Induction Tutor:** **Visit conducted by:**

**Name of NQT:**

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| **Areas to check / discuss** | **Evidence required** | **Comments** |
| Induction Tutor:  **Records of the NQT programme, monitoring and support.** | **For each NQT:**   * Copies of all lesson observations to date * Copies of NQT induction Assessment forms (AP1, AP2, AP3) * School monitoring/assessment/target setting policies / documentation * Minutes of mentor meetings – with subject mentor, professional mentor or similar * Evidence of CPD opportunities, both internal and external e.g. peer observations, courses. * Current strengths & areas for development * Current appraisal of progress   **For all NQT’s:**  The school induction programme  Standardisation procedures for the monitoring of NQT progress against standards.  To what is there consistency of practice across different subject areas? |  |
| **NQT Observation**  **Aim is to validate the school’s current appraisal of development and progress.** | * Joint observation (with induction tutor or subject mentor). * Copy of lesson plan to include current targets * Feedback – evidence of NQT being able to reflect on strengths and areas for development within the lesson and as part of wider development |  |
| **Meeting with all or a selection of NQT’s for 20 minutes** | Do NQT’s have:   * Regular weekly (or equivalent) meetings with their subject mentor? Do these include regular discussions about progress and assessment linked to the teacher standards? * Do the NQT’s feel they are given constructive support recognising both strengths and areas for development? * How useful have they found the school induction programme? * What CPD opportunities have they had? (peer observations, internal and external training) * Have they attended any NQT conferences? |  |

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| Overall Summary of visit (to include secure / not secure judgement) |
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Induction Tutor Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ELTSA Appropriate Body Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_