**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 programmeStandardisation 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
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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_