Induction Assessment Record

Llywodraeth Cynulliad Cymru
Welsh Assembly Government

This form must be completed by the Induction Tutor at the end of each full term of Induction (or the equivalent).

The completed form must be returned to the NQT. A copy must be retained by the school and a copy sent to the Appropriate Body's Induction Co-ordinator.

The Final Assessment Record must be returned to the LEA Induction Co-ordinator or ISCTIP within 10 working days of the completion of the Induction period.

Induction Teacher's Details

Name

First Assessment

Second Assessment

School

Final Assessment

Period of employment assessment relates to

Does the NQT work: part-time? ☐

If part-time what proportion does the NQT work?

If part-time number of sessions completed

full-time? ☐

Is the NQT's contract: permanent? ☐

temporary? ☐

If temporary, what date will the contract end?

Assessment Details

Under the following headings give brief details of:

- The extent to which the NQT is meeting the End of Induction Standard.
- In circumstances where the NQT is not considered to have made satisfactory progress, details of the following should also be given in the relevant sections:
    - areas of weakness;
    - evidence used to inform the judgement;
    - targets for the coming term;
    - the support planned.
- Continue on a separate sheet if necessary.

Professional Characteristics

Knowledge And Understanding

Planning, Teaching And Learning And Class Management

Monitoring, Assessment, Recording And Reporting

During this assessment period, please provide evidence of the extent to which the NQT has continued consistently to meet the Standards for the Award of QTS

Aggregate period of absence, if any _____ School days

If Induction Has Not Been Completed

	Yes	No
Will the NQT be continuing Induction in the school?		

If yes, please state the length of the NQT's contract? _____

Is the NQT's contract full or part-time? _____

	Yes	No
Will the NQT be continuing Induction in a different school?		

If yes, please provide the name of school and LEA

School _____

LEA _____

If Induction Has Been Completed

	Yes	No
Will the NQT be starting their first year of EPD in the same school?	☐	☐

If yes, please ensure that the 'First Year of EPD Planning Form' is completed and submitted to the General Teaching Council for Wales at the beginning of the first year of EPD.

Comments By The NQT

I have discussed this report with the Induction Tutor and/or Headteacher and:

I have no comments to make ☐ I wish to make the following comments ☐

Signatures

Headteacher's signature		Date	
Full name			
NQT's signature		Date	
Full name			
Induction Tutor's signature		Date	
Full name			

Headteacher's Recommendation

If this is the final assessment, please tick one of the following:

End of Induction Standard met ☐

End of Induction Standard **not** met ☐

Recommend extension (letter of support enclosed) ☐

Signature

Date

For LEA/ISCTIP Use

Please tick:

No further action needed ☐

Further action needed - contact school ☐

Signature

Full name

Date

100% wedi'i ailgylchu recycled

ISBN 978 0 7504 4679 2
© Crown copyright June 2008
CMK-22-07-292
D0290809