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| **Denbigh School**  **Burchard Crescent**  **Shenley Church End**  **Milton Keynes**  **MK5 6EX** | | | | | | | **T:\PEPMK - KVK\PEP branding\For screen\PEP logo colour transparent background.jpgL:\Staff\Staff Admin\Academic Support\Logos\denbigh_logo_MiltonKeynes Jun11.jpg** | | | |
| **NQT induction assessment for the:** | | | | | | | | | | |
|  | End of first assessment period. | | | | | | | | | |
|  | End of second assessment period. | | | | | | | | | |
|  | Interim assessment | | | | | | | | | |
| **Instructions for completion**   * The appropriate body for statutory induction may personalise and adapt the forms to suit local needs, including use on-line. * The Department does not provide alternative versions to those already available on the DfE website. * Where tick boxes appear please insert “X”. * The head teacher/principal should retain a copy and send a copy of this completed form to the appropriate body within 10 working days of the NQT completing the assessment period. * The original copy should be retained by the NQT. * Hard copies will be required at certain stages of assessment, particularly for signature, unless they are submitted on-line with the necessary authentication in place of signatures. * Full guidance on statutory induction can be found at <http://www.education.gov.uk/schools/leadership/deployingstaff/b0066959/induction-newly-qualified-teachers>. | | | | | | | | | | |
| **NQT’s personal details:** | | | | | | | | | | |
| Full name | | | | | | Former name(s) (where applicable) | | | | |
|  | | | | | |  | | | | |
| Date of birth | | DfE/teacher reference number | | | | National insurance number | | | | |
|  | |  | | / |  |  | | | | |
| Name of institution (e.g. school or college) | | | | | | | | DfE institution number (if applicable) | | |
|  | | | | | | | |  | / |  |
| Appropriate body receiving this report | | | | | | | | | | |
| PEP:mk/DTSA | | | | | | | | | | |
| Date of award of QTS: | | |  | | | | | | | |
|  | | | | | | | | | | |
| **Recommendation:** | | | | | | | | | | |
|  | The above named teacher’s performance indicates that he/she **is making satisfactory progress** against the Teachers’ Standards within the induction period. | | | | | | | | | |
|  | The above named teacher’s performance indicates that he/she is **not making satisfactory progress** against the Teachers’ Standards for the satisfactory completion of the induction period. | | | | | | | | | |
|  | I confirm that the NQT has received a personalised programme of support and monitoring throughout the period specified below in line with the statutory guidance. | | | | | | | | | |

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| Start Date of this assessment period: | | | | |  |
| End Date of this assessment period: | | | | |  |
| Number of terms completed during this assessment period | | | | |  |
| **or** | | | | |  |
| Number of days that can count towards induction during this assessment period: | | | | |  |
| Does the NQT work: |  | Full time |  | Part time | |
| Number of days of absence during this assessment period | | | | |  |

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| **Assessment of progress against the Teachers’ Standards:** |
| The head teacher/principal or induction tutor should record, in the box below, brief details of the NQT’s progress against the Teachers’ Standards including:   * strengths; * areas requiring further development, even where progress is satisfactory (for example aspects of the Teachers’ Standards which the NQT has yet to meet); and areas of concern * evidence used to inform the judgements; and, * targets for the coming term.   Comments **must** be in the context of and make reference to each specific Teachers’ Standard which can be found at: <http://www.education.gov.uk/schools/leadership/deployingstaff/a00205581/teachers-standards1-sep-2012>-.  Please continue on a separate sheet if required. |
| **PART 1: TEACHING**  **(Name)** has completed term one/two of the NQT induction period as a teacher of **…** at **…** School. **He/She** is making **excellent/good/adequate/insufficient** progress towards meeting Part One of the Teachers’ Standards. |
| 1. **Set high expectations which inspire, motivate and challenge pupils.**   **Evidence:**  **Target/s:** |
| 1. **Promote good progress and outcomes by pupils.**   **Evidence:**  **Target/s:** |
| 1. **Demonstrate good subject and curriculum knowledge.**   **Evidence:**  **Target/s:** |
| 1. **Plan and teach well-structured lessons.**   **Evidence:**  **Target/s:** |
| 1. **Adapt teaching to respond to the strengths and needs of all pupils.**   **Evidence:**  **Target/s:** |
| 1. **Make accurate and productive use of assessment.**   **Evidence:**  **Target/s:** |
| 1. **Manage behaviour effectively to ensure a good and safe learning environment.**   **Evidence:**  **Target/s:** |
| 1. **Fulfil wider professional responsibilities.**   **Evidence:**  **Target/s:** |
| **PART 2: PERSONAL AND PROFESSIONAL CONDUCT**  **(Name)** is making **excellent/good/adequate/insufficient** progress towards meeting Part Two of the Teachers’ Standards.  INSERT COMMENT  **Evidence:**  **Target/s:** |

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| **Comments by the NQT:** | | | | | | | | | |
| The NQT should record their comments or observations on their induction to date.  Please reflect on your time throughout this assessment period and consider whether:   * you feel that this report reflects the discussions that you have had with your induction tutor and/or head teacher during this assessment period; * you are receiving your full range of entitlements in accordance with regulations and guidance (<http://www.education.gov.uk/schools/leadership/deployingstaff/b0066959/induction-newly-qualified-teachers>) * there are any areas where you feel you require further development/support/guidance when looking towards the next stage of your induction. If so, what are these areas? | | | | | | | | | |
| I have discussed this report with the induction tutor and/or head teacher: | | | |  | | Yes |  | No | |
| I have the following comments to make: | | | | | | | | |
| **Insert comments:** | | | | | | | | |
| Will this NQT be remaining at this school for the next assessment period? |  | Yes |  | | No | | | |
| If not, then please attach details of the school/appropriate body the NQT is moving to, and contact information. | | | | | | | | |

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| This form should be signed below, unless it is being sent electronically in which case it must be sent from the head teacher/principal's mailbox and copied to the NQT and induction tutor. | |
| Signed: **Head teacher/principal** | Date | |
|  |  | |
| Full name (CAPITALS) | | |
|  | | |
| Signed: **NQT** | Date | |
|  |  | |
| Full name (CAPITALS) | | |
|  | | |
| Signed: **Induction tutor** (if different from head teacher/principal) | Date | |
|  |  | |
| Full name (CAPITALS) | | |
|  | | |