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| Action Plan for: |  | Date Started: |  | Review Date: |  |

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| **Objectives** (link to Teachers’ Standards)  | **Success criteria** | **Actions to be taken by school** | **Actions to be taken by NQT** | **Achieve by** | **Outcome** (met, partially met, not met) | **Evidence** (refer to a number of sources e.g. observations, discussions) |
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|  |  |  |  |  |  |  |
| Signed NQT:  |  |
| Signed Induction tutor/Mentor:  |  |