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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: | |  | | | | | |