

NQT induction assessment 2020-21



Effectiveness and Achievement, City of York
Council, West Offices, Station Rise
York, YO1 6GA

01904 553025

nqts@york.gov.uk

End of first assessment period

End of second assessment period

Interim assessment

Instructions for completion

- Where tick boxes appear please insert "X". Please ensure all applicable boxes in grey are completed.
- Please note that if an NQT has already completed an assessment in another school or LA that the correct form should be completed, even if it is the first assessment in your school
- 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.
- **All** assessment forms **must** be signed by the NQT **and** headteacher/induction tutor. Forms can be submitted either electronically or as hard copy. Scanned e-signatures are acceptable, but typed names **cannot** be accepted. If a NQT cannot sign their form, an email from the headteacher/induction tutor explaining the reasons will be accepted.

NQT's personal details:

Full name:

Former name(s) (where applicable):

Date of birth	DfE/teacher reference number	NI number	DfE institution number (if applicable)

Name of current institution (e.g. school or college):

Date of award of QTS:

Recommendation: please insert X in applicable box

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.

Induction details

Does the NQT work:	Full time	Part time	Please state, eg 0.6, (or hours as applicable)

NB If the NQT works PT they must work the equivalent of 60 to 65 days to complete an assessment period, eg 0.5 PT would require 120/130 days in school, including PPA time. If the NQT's work pattern has changed please email the NQT administrator nqts@york.gov.uk to recalculate deadline dates.

Start date of **this** assessment period:

End date of **this** assessment period:

Number of days absence during **this** assessment period:

Will NQT be remaining at this school for the next assessment period?	Yes	No

If no please give details if known:

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' Standards. Please continue on a separate sheet if required.

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 the statutory guidance on the induction for 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:

Please note typed signatures cannot be accepted. Please remember to enter dates.

Signed: Head teacher/principal	Date

Full name (CAPITALS)

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Signed: NQT	Date

Full name (CAPITALS)

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Signed: Induction tutor (if different from head teacher/principal)	Date

Full name (CAPITALS)