|  |  |
| --- | --- |
| **Legacy NQT induction assessment (to July 2023)** | **CYC black and white logo** |
| Effectiveness and Achievement, City of York Council, West Offices, Station RiseYork, YO1 6GA01904 553025 nqts@york.gov.uk |
| **NQT induction: final assessment and recommendation**  |
| **Instructions for completion*** Where tick boxes appear please insert “X”. Please ensure all applicable boxes are completed.
* The head teacher/principal should retain a copy and send a copy of this completed and signed form to the appropriate body within 10 working days of the NQT completing the induction 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 an NQT cannot sign their form, an email from the headteacher/induction tutor explaining the reasons will be accepted.
 |

|  |
| --- |
| **Recommendation: please insert X in box/es as applicable** |
| The teacher named below has **performed satisfactorily** against the Teachers’ Standards for the completion of induction |  |
| The teacher named below has **not performed satisfactorily** against the Teachers’ Standards for the completion of induction |  |
| The teacher named below should have their induction period extended |  |

|  |
| --- |
| **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: |

|  |
| --- |
| **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.**  |
| Start date of **this** assessment period:  |  |
| End date of **this** assessment period:  |  |
| Number of days absence during **this** assessment period:  |  |

|  |
| --- |
| **Confirmation of induction:** |
| I confirm that the NQT has received a personalised programme of support and monitoring throughout the period specified above in line with statutory guidance *(please insert X in box)* |  |
| Include the number of days reduction to the induction period to be served by the NQT where this has been agreed with the appropriate body as outlined in paragraph 3.5 of the statutory induction guidance |  |
| If a reduction to the NQT’s induction period has been given to reflect previous teaching experience, as outlined in paragraphs 3.2 - 3.4 of the statutory guidance, please give details here: |
| **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 for further development where progress is satisfactory; and areas of concern
* evidence used to inform the judgements; and
* where appropriate, targets to be met.

Comments **must** be in the context of and make reference to each specific Teachers’ Standard.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 your entire induction period and consider:* Whether you feel that this report reflects the discussions that you have had with your induction tutor and/or head teacher/principal during this assessment period; and,
* you are receiving your full range of entitlements in accordance with the statutory guidance on the induction for newly qualified teachers.
* areas where you feel you require further development/support/guidance when looking towards the next stage in your career? Please indicate these are part of your comments in the box below.
 |
| I have discussed this report with the induction tutor and/or head teacher/principal: | Yes |  | No |  |
| I have the following comments to make: |
|  |
| **Please note that typed signatures cannot be accepted. Please remember to add dates.** |
| 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) |