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| **NEWLY QUALIFIED TEACHERS’ INDUCTION**  **CAUSE FOR CONCERN FORM** |

Please complete this form if you have significant concerns about the progress of an NQT. Please return the form to [Carol.Green@northumberland.gov.uk](mailto:Carol.Green@northumberland.gov.uk) If you need further advice about the circumstances when it is appropriate to use this form, please contact [Dave.Cookson@northumberland.gov.uk](mailto:Dave.Cookson@northumberland.gov.uk) or 01670 622717

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| **NQT’s full name:** |  | **TRN:** |  | **DOB:** |  |

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| **School/Academy/institution’s name:** |  |
| **NQT’s previous school/academy/institution(s), where induction has been undertaken:** |  |
| **Induction Tutor:** |  |
| Enter all completed assessment periods, and school’s judgement(s):  Please indicate Check Mark, Tick Mark, Check, ...(*on track to meet standards*) **OR** **X** (*not on track to meet standards*) | |

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| Assessment 1 - Check Mark, Tick Mark, Check, ...or **X** | Assessment 2 - Check Mark, Tick Mark, Check, ...or **X** | Final Assessment - Check Mark, Tick Mark, Check, ...or **X** |
| Total number of days absent from induction | | No……….. |

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| **Teachers’ Standards which are giving rise to Cause for Concern** | **Details of Cause for Concern** |
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| **Other relevant information** |  |
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The information on this form will be shared with the Teaching Regulation Agency. The information and subsequent assessment forms will be retained for 6 years by the LA and school, and may also be shared with other named appropriate bodies should the NQT move to another LA before induction is completed.

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| Is there an Action Plan matched to the Teachers’ Standards in place?  *Note: Please forward copy of action plan with this form*. | **Yes** |  | **No** |  |

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| **Date Action Plan set:** |  |
| Number of observations of NQT teaching completed since they started their induction at your school/academy/institution: |  |
| Number of Review Meetings since starting induction: |  |

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| **Signed by Headteacher/Principal** | **……………………………………..** | **Date:** | **…………………..** |

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| **Signed by Induction tutor** | **……………………………………..** | **Date:** | **…………………..** |

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| **Signed by NQT** | **……………………………………..** | **Date:** | **…………………..** |

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| **For AB use only** | | | |
| **Date received** | **Evidence** | **Outcome** | **Notification sent** |
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