

**Action Plan**

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| ECT’s name: |  |
| Mentor’s name: |  |
| Induction tutor: |  |
| School name: |  |
| Action plan **start date**:  |  |
| Action plan **end date**: |  |

 **Step-by-step guide**

* Complete this action plan and ensure the induction tutor, mentor, ECT and **headteacher** have reviewed and signed the report.
* Inform the **Appropriate Body** of the action plan and send them a copy.
* The action plan should run for **3 weeks** before being reviewed.
* Once the action plan is reviewed, a decision is made as to whether the ECT is back on-track, or whether another **action plan** is required.

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| **Objectives**Link to the TSs. | **Success criteria**How will you know the ECT has achieved the objective? | **Support**  put in place. | **Actions** to be taken and by whom. | **Review Date**  | **Review comments**Include a RAG rating. |
| Teaching Standard \_\_\_ |  |  |  |  |  |
| Teaching Standard \_\_\_ |  |  |  |  |  |
| Teaching Standard \_\_\_ |  |  |  |  |  |

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| **Review of action plan** |
| ⬜ The ECT has made rapid progress and no long needs support.⬜ The ECT needs further support. |
| Signed IT |  | Review date: |
| Signed ECT |  | Review date: |

**3 weeks later**

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| Signed by the induction tutor |  |
| Signed by mentor  |  |
| Signed by ECT  |  |

***For Headteacher completion only:***

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| **Name of Headteacher** |  |

*The guidance highlights that ‘the Headteacher should be satisfied that the areas in which improvement is needed are correctly identified (4.2)’.*

Please read through the action plan andensure that any necessary changes are made before signing it off.

**I agree that the targets and areas for development highlighted in the action plan have been correctly identified.**

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| **Signed by Headteacher**  |  |

***For Appropriate Body completion only:***

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| Summary of action taken by the Appropriate Body: |