You have been identified as a trainee not meeting the expectations for this stage of your professional practice placement. This document outlines the additional support you will receive and the specific actions you need to take. Your progress against the areas of concern will be reviewed following an agreed period.

| **Trainee Placement Information** | | | |
| --- | --- | --- | --- |
| **Name of trainee** |  | **Trainee ID No.** |  |
| **Name of mentor** |  | **Professional Practice** | Select Phase |
| **Name of link tutor** |  | **School/Setting name** |  |
| **Personal and Academic Tutor/ Personal Tutor** |  | **Key Stage/Year Group** |  |
| **Programme** |  | **Days completed on placement to date** |  |

| **Date of Additional Support Meeting**  (*following Weekly Development Summary Meetings*) | Enter date |
| --- | --- |

| **Area(s) identified for support** | **Details – including an outline of support already provided** |
| --- | --- |
| High expectations and managing behaviour.  How pupils learn, classroom practice & adaptive teaching.  Subject knowledge and curriculum.  Assessment.  Professional behaviours. |  |

| Actions to be taken by trainee including completion date. Click to enter date | Actions to be taken by mentor including completion date. Click to enter date |
| --- | --- |
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| **Review of progress, with evidence made against specified concerns** | **Enter date** |
| --- | --- |
|  | |

| **Outcome** | | | |
| --- | --- | --- | --- |
| Have progress concerns been addressed?  **Yes (continue to monitor via WDS).**  **Partially (agree a review date which should fall within the next 10 days).**  **No (refer to Associate Head of Department ITE for consideration of next steps).** | | | |
| Mentor agreement |  | Date | Enter date |
| Trainee agreement |  | Date | Enter date |
| Link Tutor agreement |  | Date | Enter date |