

**NQT Half-Termly Professional Review Meeting**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NQT:** |  | | | | | |
| **Induction Tutor:** |  | | | **Date:** |  | |
| **Review Meeting:** | 1 | 2 | 3 | 4 | 5 | 6 |

|  |
| --- |
| **Evidence** used to support findings |
|  |
| **Objectives** reviewed and progress made |
|  |
| **Revised objectives** |
|  |
| **Support** to be provided by the school and **action** to be taken by the NQT (recorded in detail on Action Plans for induction programme) |

Date for next dialogue and review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  |  |  |
| *NQT* |  | *Mentor/Induction Tutor* |