



**ECT Mentoring Session Record**

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| **Date:** |  |
| **Focus:** |  |

Discussion Summary (with reference to relevant Teacher Standards where appropriate)

Agreed actions (including deadlines for completion)

Signed ECT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mentor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_