**Record of Half-termly review by Induction Tutor and NQT**

TERM: DATE:

**Achievements**

**This section should make reference to the NQT’s individual priorities for induction and the Teachers’ Standards.**

**Evidence**

**E.g. records of observations, lesson plans and evaluations, assessment records, notes of meetings.**

**Issues/areas to be addressed in the Action Plan**

**Any Other Comments**

**Date of next half-termly review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNED BY NQT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Induction Tutor** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_