**Notification of Concern – NQT at risk of not meeting the Teachers’ Standards**

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| Name of NQT: | Subject/age range: |
| School: | Contact details: |
| Date of appointment: | Term of Induction:1 2 3 |
| Concerns raised byHeadteacher/ Induction Co-ordinator/Induction Tutor | Action taken to date: |
| Date: | Date received by AB: |

**Please outline areas of concern and the action taken by the school to begin to address the issues:**

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| Area of concern: | Action taken by school/NQT |
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| Is the NQT aware of the concern? |  |
| What support may be needed from the AB? |  |
| Follow up by AB contact: |  |
| Actions agreed: |  |