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**Early Career Teacher Progress Review**

This form is to be used by the Induction Tutor to complete progress reviews of Early Career Teachers (ECTs) in any term where a formal assessment is not required. For example, during a typical 2 year induction period for a full-time ECT, the form will be completed in terms 1, 2, 4 and 5 (formal assessments in terms 3 and 6). Please return the completed progress review form to [jenny.delllipiani@darlington.gov.uk](mailto:jenny.delllipiani@darlington.gov.uk)

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| --- | --- | --- |
| **Personal and induction details** | | |
| **Name of ECT** | |  |
| **ECT Teacher Reference Number (TRN)** | |  |
| **ECT date of birth** | |  |
| **Name of school** | |  |
| **Name of Induction Tutor** | |  |
| **Progress review period start date** | |  |
| **Progress review period end date** | |  |
| **Term 1 / 2 / 4 / 5 / other?** | |  |
| **Is the ECT full-time or part-time?**  **(Give FTE if part-time)** | |  |
| **Number of days absent during this review period** | |  |
| **Progress review period details** | | |
| **During the first year of induction, the ECT has a reduced timetable of no more than 90% of the timetable of the school’s existing teachers** | | Yes / No N/A |
| **During the second year of induction, the ECT has a reduced timetable of no more than 95% of the timetable of the school’s existing teachers** | | Yes / No N/A |
| **The ECT’s teaching is observed at regular intervals and has prompt follow up discussion** | | Yes / No |
| **The ECT has observed experienced teachers** | | Yes / No |
| **Based on current performance and rate of progress, is the ECT on track to successfully complete induction by the end of their induction?**  **Please give brief details for the reason(s) for your answer. Where an ECT is deemed not to be on track to successfully complete induction, list any Teaching Standards (including personal and professional conduct) where there is a cause for concern and how any evidence supports that concern.** | | Yes / No |
| **If the ECT is not on track to successfully complete induction, has the ECT been informed?** | | Yes / No N/A |
| **If the ECT is not on track to successfully complete induction, has a support plan been put in place? *(If yes, please attach the support plan)*** | | Yes / Not yet |
| **Has the Headteacher / Principal been updated on the progress of the ECT?** | | Yes / No |
| **Has the ECT continued to access a programme of support based on the Early Career Framework and received all of their statutory entitlements?**  **If no, please explain why an ECF-based induction has not been accessed or why statutory entitlements have not been met.** | | Yes / No |
| **Is the ECT expected to remain at this school for the duration of the next term?**  **If no and the ECT is due to complete induction at another establishment, please also provide the leaving date (if known) and details of the establishment where the ECT will continue induction. An interim formal assessment may instead be required in order to give a fuller picture of the ECT’s progress to date to the new institution and / or Appropriate Body.** | | Yes / No |
| **Agreed Development Targets (each target to be linked to the relevant Teachers’ Standard)** | | |
| When considering the number of targets to be set, please take into account the time frame in which you expect the ECT to be able to demonstrate progress against the relevant Standards | | |
| **ECT comments** | | |
| This section is for the ECT to make any brief comments about their induction | | |
| **Signatures** | | |
| **This progress review was completed by:** | | |
| **Induction Tutor signature** |  | |
| **Date (DD/MM/YYYY)** |  | |

|  |  |
| --- | --- |
| **Early Career Teacher signature** |  |
| **Date (DD/MM/YYYY)** |  |

In all instances, copies of this completed progress review form should be provided to the ECT, their designated Mentor and the Appropriate Body.