|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trainee Name |  | Programme |  | Placement |  |
| Setting/School |  | Year group/ages taught |  | | |
| Class Mentor/ Teacher |  | Professional Mentor |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| When reviewing progress, please consider the following:   * *How many weeks of the course has the trainee completed?* * *How well do they apply centre-based learning in practice? (Learn that, learn how)* * *Which skills are secure, on track and which are still emerging?* * *What are the next appropriate steps for this placement?*   *Please place a tick to reflect the trainees current position*  *Please state the next steps for the trainee* | | | | |
| **5 Core Areas** | **Cause for concern** | On track | Met | Next steps for trainee development |
| **Behaviour** |  |  |  |  |
| **Pedagogy** |  |  |  |  |
| **Subject Knowledge** |  |  |  |  |
| **Assessment** |  |  |  |  |
| **Professional behaviour** |  |  |  |  |
| **Is the trainee on track to successfully complete this placement? YES/NO**  *If the trainee is not on track, the SCITT Phase Lead will contact you and the trainee to discuss next steps and arrange additional support.* | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signature of Trainee** |  | **Date:** | **Signature of Mentor** |  | **Date:** |