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

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| --- |
| 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:** |