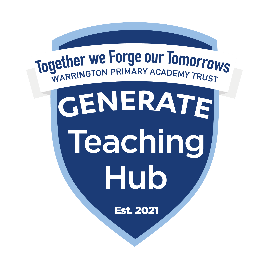
**

*Ver: 07 Feb 2022*

**Appropriate Body Service**

**Cause for Concern Form**

*“Connecting & empowering great teachers in Halton, Warrington & Wigan”*

Please complete this form if your ECT additional support to remain on track to fulfil their induction requirements.

Type your answers (the boxes below expand as you add details).

**Section A: Background Details**

**Induction Tutor**

(To complete this form)

|  |  |  |
| --- | --- | --- |
| First Name |  | |
| Surname |  | |
| Role(s) in school |  | |
| Email |  | |
| Date Completed |  | |
| I approve of this support plan | | Yes / No |

**Headteacher**

(If different from the Induction Tutor)

|  |  |  |
| --- | --- | --- |
| First Name |  | |
| Surname |  | |
| Role(s) in school |  | |
| Email |  | |
| Date Completed |  | |
| I approve of this support plan | | Yes / No |
| I confirm the resources needed to complete this plan will be made available | | Yes / No |

**School**

|  |  |
| --- | --- |
| School Name |  |
| URN |  |
| Email |  |

**Early Career Teacher**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Email |  |
| Teacher Reference Number |  |
| What post has been offered to the ECT? |  |
| What date did their position start? |  |

**Section B: Support Plan**

Please complete the relevant boxes below with explanatory sentences.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Teacher Standard** | **Issue Identified**  [Please be specific] | **Support in Place**  [Please ensure you describe what is to be done, by whom and when] | **Success Criteria**  [Please outline what needs to be demonstrated by the ECT to confirm their progress is back on track] | **Date to Complete** |
| TS1 Set high expectations which inspire, motivate and challenge pupils |  |  |  |  |
| TS2 Promote good progress and outcomes by pupils |  |  |  |  |
| TS3 Demonstrate good subject and curriculum knowledge |  |  |  |  |
| TS4 Plan and teach well-structured lessons |  |  |  |  |
| TS5 Adapt teaching to respond to the strengths and needs of all pupils |  |  |  |  |
| TS6 Make accurate and productive use of assessment |  |  |  |  |
| TS7 Manage behaviour effectively to ensure a good and safe learning environment |  |  |  |  |
| TS8 Fulfil wider professional responsibilities |  |  |  |  |
| Personal and professional conduct |  |  |  |  |

**Any Other Information:** Please add any other information relevant to share.

|  |
| --- |
|  |

**Section C: The ECT View**

The ECT is requested to comment on this form and its actions in Section B above.

|  |  |
| --- | --- |
| Please share any additional comment you feel is necessary in relation to the issues identified and support planed above. |  |
| Please state if you are in agreement to the above plan.  *If you are not please give your reasons.* |  |

*NB: Both the ECT and Induction Tutor should retain a copy of this support plan for reference.*