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| Name of Trainee: |  | Subject: |  |
|  |
| School: |  |
|  |
| Mentor: |  | BCU Tutor: |  |
|  |

**This review must reflect the trainee’s attainment rather than effort or intention. Nor should it be used as a motivator or an expression of thanks for help given (e.g. after school clubs). Attainment must be accurate and not overstated.**

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| **Process to be followed:**1. Consider the trainee’s attainment to date as reflected in the preceding weekly pages.
2. Based on the highlighted descriptors, summarise attainment in the grid below on a best fit basis
3. Complete the remaining sections and set targets, as appropriate.
 |
| *Indicate achievement to date using the descriptors in the tracker***Standard** | Tick descriptor achieved to date |
| **EMG**Emerging | **EST**Establishing | **EMB**Embedding | **ENH**Enhancing |
|  |
| 1 Set high expectations which inspire, motivate and challenge pupils  |  |  |  |  |
|  |
| 2 Promote good progress and outcomes by pupils  |  |  |  |  |
|  |
| 3 Demonstrate good subject and curriculum knowledge  |  |  |  |  |
|  |
| 4 Plan and teach well-structured lessons  |  |  |  |  |
|  |
| 5 Adapt teaching to respond to the strengths and needs of all pupils  |  |  |  |  |
|  |
| 6 Make accurate and productive use of assessment  |  |  |  |  |
|  |
| 7 Manage behaviour effectively to ensure a good and safe learning environment  |  |  |  |  |
|  |
| 8 Fulfil wider professional responsibilities  |  |  |  |  |
|  |
| Overall attainment at the Mid-point Review |  |  |  |  |
| (Tick to indicate achievement to date) |
| Pt 2 Personal and Professional Conduct | Achieved: |  | Not yet achieved: |  |

 **Mid-Point Review**

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| --- | --- |
| Key areas of **strength** to date | **Standards** |
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| Any areas requiring **attention** to ensure progress in the next part of the placement |
| **Area and Standard** | **Action required** | **Success criteria** | **Cause for Concern? (Y/N)** |
|  |  |  |  |
|  |  |
| In the light of the information above, is the **Rapid Improvement Target** process required to address areas of concern? (Y/N) |  |
|  |  |
| **Trainee’s Signature:** |  | **Mentor’s Signature:** |  |
| **Date** |  | **Date:** |  |