

# Appropriate Body Reduced Induction Visit

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| **ECT name:** | **School:** |
| Date: | Visiting Staff: |
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| Induction Lead:  Head: | Subject/Phase: |

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| **Visit Schedule** (to include meeting with ECT and Induction Tutor/Head) |
| **Comments**   * Evidence of meeting Teachers’ Standards (teaching experience to date, lesson observations, performance management records, AO assessment evidence, supporting statement from ECT and school) * Expectations of Reduced Induction (statutory entitlements and support to be provided - access to ECF and other CPD, reduced teaching timetable, allocated mentor, formal lesson observation per half term) * Implications of a reduced induction (loss of statutory entitlements and support) |
| **Agreed Outcomes** (Length of reduced induction period, who the school needs to register the ECT with, completion of Formal Assessment) |