

# Appropriate Body Reduced Induction Visit

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

|  |
| --- |
| **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) |