

# ECT INDUCTION AB Quality Assurance School Visits









# Manor Teaching School Hub Appropriate Body Quality Assurance School Visits

School					
Primary (Tick)	Se	econdary (Tick)	Special (Tick)	PRU (Tick)	
Walsall (Tick)	Wo	olverhamp ton (Tick)	South Staffordshire (Tick)	Other	
Name of ECT					
Name of Induction Tutor					
Name of Headt	eacher				
Name of Mento	or				
Date of Visit					
Appropriate Bo	dy Lead				

### **ECT Entitlements Checklist**

Sta	tutory Entitlement Check List	
1.	ECT's have been registered for an ECF based training programme	
2.	The ECT post is suitable for induction	
3.	ECTs receive 10% (Year 1) and 5% (Year 2) timetable reduction in addition to a teacher 10% PPA allocation	
4.	Mentor meetings are timetabled within school hours weekly (Year 1) and biweekly (Year 2) and instructional coaching facilitated.	
5.	Mentors are given time on their timetable for mentor meetings, and they are not in addition to a full timetable.	
5.	Induction Tutors meet ECTs termly to discuss progress against the Teachers' Standards and to evaluate evidence being used for the Teachers' Standards Evidence Form.	
6.	Induction Tutors observe ECTs once every half term and provides formal feedback.	
7.	Mentors and ECTs are being released for external training with their ECF based training provider.	

# **During School Visit**

	1 (Working towards)	2	3 (Excellent Practice)
How would you describe the 'Quality of Mentoring' for ECTs at this school?			
Please give reasons for your rating			
How would you describe the 'Quality of the in-school Professional Development' for ECTs at this school?			
Please give reasons for your rating			
How would you describe the quality of the ECF training you are engaged with?			
Please give reasons for your rating			
How would you describe the "Quality of feedback/reporting" for ECTs? This might include observing other teachers and bespoke CPD to meet ECT needs.			
Please give reasons for your rating			

# <u>Overall</u>

	1 (Working towards)	2	3 (Excellent Practice)
Overall, how would you rate the support of ECTs at this school?			
Please give reasons for your rating			
Please identify any Areas of Good Practice to highlight/share with other schools (please be as specific as possible)			

Please identify any Areas of Concern that require further action/support from Manor TSH AB (please be as specific as possible identifying required actions where appropriate)	
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Requests from the school for MTSH	I Appropriate Body to action:
Feedback from Appropriate Body	
Signatures	
Induction tutor	
Signature	
Date (DD/MM/YYYY)	
 Headteacher	
Signature	
Date (DD/MM/YYYY)	
Early Career Teacher	<u> </u>
Signature	
Date (DD/MM/YYYY)	
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