

## Initial Teacher Education Additional Support for Trainee at Risk (Cause for Concern) Form

You have been identified as a trainee not meeting the expectations for this stage of your professional practice placement. This document outlines the additional support you will receive and the specific actions you need to take. Your progress against the areas of concern will be reviewed following a 7-day period.

Trainee Placement Information			
<b>Name of trainee</b>		<b>Trainee ID No.</b>	
<b>Name of mentor</b>		<b>Programme</b>	
<b>Name of link tutor</b>		<b>Professional Practice Phase</b>	
<b>Personal and Academic Tutor/ Personal Tutor</b>		<b>School/Setting name</b>	
<b>Subject</b>		<b>Key Stage/Year Group</b>	

<b>Date of Additional Support Meeting</b> <i>(following Weekly Development Summary Meetings)</i>	Enter date
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Area of Concern	Details
<input type="checkbox"/> High Expectations and Managing Behaviour <input type="checkbox"/> How Pupils Learn, Classroom Practice & Adaptive Teaching <input type="checkbox"/> Subject Knowledge and Curriculum <input type="checkbox"/> Assessment <input type="checkbox"/> Professional Behaviours	

Outline of additional support provided

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Actions to be taken by trainee

Details	
<b>7-day review of progress made</b> <i>(at Weekly Development Summary Meeting)</i>	
Outcome:	
<p>Has progress been made with regard to the area of concern?</p> <p><input type="checkbox"/> <b>YES</b>                                      (Continue to monitor at future WDS Meetings)</p> <p><input type="checkbox"/> <b>PARTIALLY</b>                                (Extend and set further 7-day review)</p> <p><input type="checkbox"/> <b>NOT SUFFICIENTLY</b>                      (Refer to Link tutor to consult ITE Associate Head of Department (AHoD), who will consider scheduling a Departmental Progress Meeting).</p>	
<b>Date for DPM:</b> <i>(if applicable)</i>	Enter date
<b>Date:</b>	Enter date
<b>Mentor signature</b>	
<b>Trainee signature</b>	