**Stage 3: Support and Intervention Agreement and action plan**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please give names below: | | | | | | | | |
| Student Teacher |  | | | Mentor | |  | | |
| School |  | | | PCM | |  | | |
| Form initiated by  Date: |  | | | Link Tutor | |  | | |
| University Personal Tutor/Subject tutor | |  | | |
| Current strengths of student’s work |  | | | | | | | |
| Nature of concern (in relation to areas of the Tracking Progress Document) |  | | | | | | | |
| Targets and strategies for achieving them (max of 3 targets) | Target | | Action and timeframe | | Support from BUL and school | | | Success criteria |
|  | |  | |  | | |  |
| Suggested review date (Stage 4 below): |  | | | | | | | |
| Please sign below: | | | | | | | Date | |
| Student Teacher | |  | | | | |  | |
| Professional Co-ordinator or member of school senior leadership team | |  | | | | |  | |
| Link Tutor | |  | | | | |  | |
| University Personal Tutor (Subject Tutor Secondary) | |  | | | | |  | |

**Stage 4: Review (to be completed on the agreed date)**

|  |  |  |
| --- | --- | --- |
| Please comment on progress made on agreed targets identified in the action plan. As relevant, include comments relating to the student teacher’s impact on pupil progress. | | Date |
|  | | |
| Outcome of review: | | Please tick one |
| Sufficient progress has been made (Support and intervention process ends) | |  |
| Partial progress has been made (Revise targets, agree extension of process\*) | |  |
| Insufficient progress has been made (Go to Stage 5) | |  |
| Please sign below: | | Date |
| Student Teacher |  |  |
| Professional Co-ordinator or member of school senior leadership team |  |  |
| Link Tutor |  |  |
| University Personal Tutor (Subject Leader Secondary) |  |  |

**Stage 5: Moderation process**

|  |  |  |
| --- | --- | --- |
|  | | Please tick one |
| Student may continue in placement with further support | |  |
| Insufficient progress has been made, refer to exam board | |  |
| Reason for the decision: | | |
| Please sign below: | | Date |
| Moderator (Programme Lead Primary/Secondary/Director of ITE) |  |  |

*\*The duration of an extension will be considered on an individual basis and would usually only be offered once. If unsuccessful, please proceed to stage 5.*