

Cause for Concern Support Plan (For an ECT in their second year)

Name of ECT:	
Name of School:	
Start date of plan:	
End date of plan:	

NB: each support plan should contain specific, short-term targets (we advise a maximum of **three targets** at any one time) which are monitored and updated regularly, including more frequent observations and feedback until the ECT is back on track. We **advise a 4-week plan as a minimum**.

Notes of discussion with ECT	Aspect of Teachers' Standards identified for development; referencing standard (eg TS2)	Agreed actions to be taken by ECT; including support to be received	Agreed Timeline

Discussed and agreed with ECT	Name	Signature	Date
ECT:			
Induction Tutor:			
Headteacher:			