**Personal Support Plan (For an ECT in their first year)**

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| **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**.

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| **Notes of discussion with ECT** | **Aspect of Teachers’ Standards identified for development; referencing Teachers’ Standards (eg TS2)** | **Agreed action steps to be taken by ECT; including support to be provided by school** | **Agreed Timeline** |
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| **Discussed and agreed with ECT** | **Name** | **Signature** | **Date** |
| ECT: |  |  |  |
| Induction Tutor: |  |  |  |
| Headteacher: |  |  |  |