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| --- | --- | --- | --- | --- | --- | --- |
| **ONE CUMBRIA ACTION PLAN: HELPING ECTs TO MEET THE STANDARDS FOR QTS** | | | | | | |
| **ECT Name** | **Phase/ Subject** | | | **School** | **ECF Lead and Mentor** | |
|  |  | | |  |  | |
| **Context** | |  | | | | |
| **STANDARD 1: *Set high expectations which inspire, motivate and challenge pupils*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 2: *Promote good progress and outcomes by pupils*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 3: *Demonstrate good subject and curriculum knowledge – met this standard*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 4: *Plan and teach well-structured lessons*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 5: *Adapt teaching to respond to the strengths and needs of all pupils*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 6 – *Make accurate and productive use of assessment – standard met*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 7:** ***Manage behaviour effectively to ensure a good and safe learning environment*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |
| **STANDARD 8: *Fulfil wider professional responsibilities*** | | | | | | |
| ***What is the issue/concern?*** | | | **Target set** | | | **Actions to complete with dates for completion/review** |
|  | | |  | | |  |

Date of Plan:

Date of Review:

Signed by:

ECF Lead:

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ECM: …………………………………………………………………………………………………………………………………………………………………

ECT: ………………………………………………………………………………………………………………………………………………………………….