

**Extra Support Form**

RPT Name: School: Date form set up:

This form should be used to document additional support required by a Reading Partnership Teacher (RPT) in order for them to make the expected progress. If the RPT is at risk of failing the placement, then the Cause for Concern form should be used instead. The Mentor, Tutor, ITTCo or RPT may initiate this form, however, it must always be discussed with the RPT.

NB targets on this form can be used to replace those on the weekly planner to avoid duplicating workload. On the weekly planner, please note ‘Please see ESF.’

|  |  |
| --- | --- |
| **Reasons for raising the form** | **Other context** (e.g. external pressures or areas of success) |
|  |  |
| **SPECIFIC TARGET** | **Related Curriculum Strand\*** | **SPECIFIC SUCCESS CRITERIA** **FOR RPT TO FOLLOW** | **SUPPORT ACTIONS FROM OTHERS** (e.g. mentor, ITTCo, HT, subject leader) | **Review Dates** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| Name of person completing this form: |  |
| Role (please highlight): | RPT/ Mentor/ ITTCo-ordinator/ Supervising Tutor/ Programme Director |
| The supervising tutor must ensure that this form is sent to xxx |

|  |
| --- |
| **Review Date:** |
| **Target**  | **Notes on Progress and next steps** | **Reviewed by** | **Is the RPT now making satisfactory progress?** |
| 1 |  |  | Yes/ No |
| 2 |  |  | Yes/ No |
| 3 |  |  | Yes/ No |
| **Result (please highlight):** |
| **Form signed off – no further action** | **Revised form needed****Please complete the table below** | **Move to ‘Cause for Concern’ form** |

\*NB refer to the relevant Teachers’ Standard(s) if this form is raised in the final placement.

**Revised Targets**

|  |  |
| --- | --- |
| **Reasons for raising the form** | **Other context** (e.g. external pressures or areas of success) |
|  |  |
| **SPECIFIC TARGET** | **Related Curriculum Strand\*** | **SPECIFIC SUCCESS CRITERIA** **FOR RPT TO FOLLOW** | **SUPPORT ACTIONS FROM OTHERS** (e.g. mentor, ITTCo, HT, subject leader) | **Review Dates** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| Name of person completing this form: |  |
| Role (please highlight): | RPT/ Mentor/ ITTCo-ordinator/ Supervising Tutor/ Programme Director |
| The supervising tutor must ensure that this form is sent to xxx |

|  |
| --- |
| **Review Date:** |
| **Target**  | **Notes on Progress and next steps** | **Reviewed by** | **Is the RPT now making satisfactory progress?** |
| 1 |  |  | Yes/ No |
| 2 |  |  | Yes/ No |
| 3 |  |  | Yes/ No |
| **Result (please highlight):** |
| **Form signed off – no further action** | **Revised form needed****Please continue to copy and paste / use this same document to track the student across their placement** | **Move to ‘Cause for Concern’ form** |