PERSONAL SUPPORT PLAN ITT | PSP (ITT)

Name of SWIFT Trainee:	**Name of Mentor:**	**Name of School:**
		Placement: Short / Long
Date plan agreed:		**Name of Headteacher:**
Length of plan:		**PSP ITT Review Date:**

This form is to be completed by the Mentor in consultation with the SWIFT trainee **within 5 working days** of the SWIFT trainee being identified as being at risk of not achieving QTS. The SWIFT Senior Lead Mentor must be informed that the SWIFT trainee is at risk of failing.

Please complete the form below for the SWIFT Strands where there are concerns. If there are no concerns for a particular Strand please tick the box on the right-hand side.

The SWIFT trainee and Senior Lead Mentor must be provided with a copy of this form.

SWIFT Teacher Training Strands	Concerns:
Strand 1: Managing Behaviour and High Expectations	Yes / No
Strand 2a: How Pupils Learn	Yes / No
Strand 2b: Classroom Practices	Yes / No
Strand 2c: Adapt teaching	Yes / No
Strand 3: Curriculum	Yes / No
Strand 4: Assessment	Yes / No
Strand 5: Professional Behaviours	Yes / No
Specific concerns with Strands identified above:	

Targets:

Actions to support SWIFT Trainee to meet Strand(s):		
What?	**Who?**	**When?**

Review of progress:

SWIFT Trainee Signed:	**Date:**
Mentor Signed:	**Date:**