# Record of Professional Progress Review

# (To be completed by the NQT Induction Tutor and copied to the NQT)

**NQT:**

**Induction Tutor:**

**Date of Meeting:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Target & standard reviewed** | **Key strengths, with evidence** | **Revised targets & deadline date** | **Development needs (CPD activities)** | **Success criteria** |
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 **Date & time for next meeting:**