**Induction Period: Objectives and Action Plan Form D**

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| **School** |  | **Date** |  |
| **NQT** |  | **Term** |  |

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| **Objectives** | **Success Criteria** | **Actions to be taken**  **and by whom** | **Resources** | **Target**  **date** | **Review**  **date** | **Evaluation of progress by**  **NQT and tutor** |
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Signature on behalf of school Date

Signature of NQT Date