

SUPPORTING EXCELLENCE IN TEACHING

ACTION PLAN



PRENTON
High School for Girls

Supporting Excellence in Teaching: Action Plan

Name of teacher:		Line Manager:		Start Date:	
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Date of meeting to complete Action Plan:		Date for completion of action plan or final review:	
Outline of areas for improvement as identified through lesson observation or other aspect of self-evaluation (please specify):			
Following final review, decision on how to proceed: *Delete as appropriate	*Extension to some aspects of this Action Plan (state which aspects) / New Action Plan to be implemented (provide reasons) / Capability procedure to follow / Other (please specify)		

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Aspect identified as requiring improvement	Steps to be taken to address this aspect	Timescale to achieve	Support required from school	Success Criteria	Review period	Outcome

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