

## **HISP TSH Appropriate Body Documentation**

|  | Compulsory   | Optional     |
|--|--------------|--------------|
|  |              |              |
| Meeting Documentation  |              |              |
| ECT & Induction Tutor Meeting Notes Form (formal meeting each half term) | $\checkmark$ |              |
| ECT & Induction Tutor Meeting Schedule                                   |              | $\checkmark$ |
| ECT & Mentor Meeting Notes Form  |              | $\checkmark$ |
| ECT & Mentor Meeting Schedule  |              | $\checkmark$ |
| Teachers' Standards Evidence   |              |              |
| Teachers' Standards Evidence Form  | $\checkmark$ |              |
| Lesson Observations  |              |              |
| ECT Lesson Observation Form  | $\checkmark$ |              |
| Additional Support Plan  |              |              |
| Support Plan (where appropriate)   | $\checkmark$ |              |