**Evidence template number 2: RSPA**

**Part 2: The first three months (review of progress and interim assessment at** **three months)**

* The NQSW should have submitted this evidence template number 2: CRL for interim assessment prior to the review meeting.
* This review should explore the progress being made towards developing the knowledge and skills outlined in the Knowledge and Skills Statement, Approved Child and Family Practitioner (2014). This statement lays out minimum expectations – whatever their starting point – all NQSWs should show progression across the course of the ASYE.
* The NQSW should incorporate areas for development in evidence template number 2 PDP.

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| **Date of review** |  |
| **Name of attendees** | |
| **Assessor** |  |
| **NQSW** |  |
| **Line manager (if applicable)** |  |
| **Other e.g. ASYE coordinator, HR, (if applicable)** |  |

| **Context**  Since the beginning of the programme, have there been any changes that may have impacted on the NQSW’s progress? |
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| **Progressive assessment (minimum 1000 words)**  An overall professional judgement of the capability at ASYE level, taking into to account the KSS and the professional capabilities framework (PCF). Identify strengths and progression. |
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| **Areas for development and focus for the next PDP three – six months** |
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| **Additional comments to inform the three month review from line manager and/or ASYE** **coordinator if applicable.** |
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|  | **Yes** | **No** | **N/A** |
| **Is the NQSW’s progress satisfactory at this stage?** |  |  |  |
| **If no, have concerns been addressed in the next PDP and/or action plan?** |  |  |  |
| **Are there any issues that affect the probation of the NQSW? (i.e. conduct, attendance, ability to fulfil role?)** |  |  |  |
| **If yes, has HR been notified?** |  |  |  |

| **NQSW’s comments on the three month review** |
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**Declarations and signatures**

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| **NQSW name** |  |
| I have read and understood this review. | |
| **Signature** |  |
| **Date** |  |

|  |  |
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| **ASYE assessor name** |  |
| I confirm my assessment at this review. | |
| **Signature** |  |
| **Date** |  |

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| **Line manager/other professional (if applicable)** | |
| **Name** |  |
| I have read this assessment and endorse it. | |
| **Signature** |  |
| **Date** |  |