**Evidence template number 3A: RSPA**

**Appendix 2 - Optional template to support nine month review (nine - twelve months)**

**Review of progress and interim assessment at nine – twelve months (optional)**

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

| **Context**Since the last review have there been any changes that may have impacted on the NQSW’s progress? |
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|  |

| **Progressive assessment** |
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|  |

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| **Areas for development and focus for next PDP nine – twelve months** |
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|  |

| **Additional comments to inform the nine 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 fulfill role?)** |  |  |  |
| **If yes, has HR been notified?** |  |  |  |

| **NQSW’s comments on nine month review** |
| --- |
|  |

**Declarations and signatures**

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

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

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