**Evidence template number 3: RSPA**

**Part 3: Three – six months (Review of progress and interim assessment at six months)**

* The NQSW should have submitted part 3 of their 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 (KSS), 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 their PDP within part 3 of the CRL.

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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 last review have there been any changes that may have impacted on the NQSW’s progress? |
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| **Progressive assessment (minimum 1000 words)** |
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| **Additional comments to inform the six 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 six month review** |
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**Declarations and signatures**

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