**Evidence template number 3A: RSPA**

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

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

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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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| **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 fulfil role?)** |  |  |  |
| **If yes, has HR been notified?** |  |  |  |

| **NQSW’s comments on nine 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** |  |