



**STAFF DEVELOPMENT
REVIEW REPORT FORM**

(Pro-forma for recording staff development needs of curriculum/moderation/project teams)

Team Name:	
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Team Leader:	
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As a result of review it has been agreed that the following actions should be taken to meet staff development and training needs.

A. ACTIVITY			
Should give details of Staff Development training activities, which can be addressed within the team.			
	Training Title	Leaders/Co-ordinators	Time/Schedule
1)			
2)			
3)			

B. College staff development activity should address the following: (Identified staff development needs – in priority order)	
Should list activities, which require to be led by someone outwith the team with specialist knowledge and/or activities offered on a college/school wide basis.	
1)	
2)	
3)	

Copied to: *Jean Wilson, Associate Principal – Quality
Appropriate line manager*

Others:	
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DATE:	
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PRE INTERVIEW ACTIVITY

Please consider the following questions before your interview with your line manager.

1. What training/staff development have you undertaken in the last academic year?

2. What major developments or changes do you anticipate in your role during the next academic year? (You should consider the relevant team annual reports and school / team operational plans)

3. What do you anticipate your individual professional development needs will be during the coming year, taking into account the issues identified above?



PRIVATE AND CONFIDENTIAL

CAREER DEVELOPMENT REVIEW INTERVIEW

Checklist

To be completed during CDR Interview

The following were discussed:

CDR1 (team review)	<input type="checkbox"/>	Personal professional needs (within school / team development plan)	<input type="checkbox"/>
CDR2 (Pre-interview activity)	<input type="checkbox"/>	Personal professional needs (outwith school / team development plan)	<input type="checkbox"/>
Team annual Reports (including achievement of targets)	<input type="checkbox"/>	Preparation for promotion	<input type="checkbox"/>

Following discussion of the above an individual Action Plan should be completed CDR4

FURTHER COMMENT

Interviewee

Line Manager

DATE:

To be retained by Line Manager



INDIVIDUAL ACTION PLAN

To be completed during CDR interview. Completed form to be passed to next line manager Associate Principal /Assistant Principal as appropriate for approval. Copies to be retained by line manager and member of staff. One copy to be sent to the Associate Principal Quality.

Learning Objectives	Appropriate Method of Learning/ Development Activity	Target Completion Date	Actual Completion Date*	Priority 1, 2, 3	Associate Principal / Assistant Principal / Departmental Line Manager Approval

*To be completed at next CDR Interview.

Signature of Staff Member

Signature of Line Manager (Interviewer)

Date

Review Checklist

CDR4



Where funding is required for training, staff will be asked to complete an SD01 Form for the approval of the Associate Principal - Quality. Requests for support will be sympathetically considered within the budget available.