

**The ASYE in Children’s Services - Review of progress and interim assessment at** **nine months**

* The NQSW should have submitted their third critical reflection for assessment prior to the review meeting
* This review should explore the progress being made towards developing the knowledge and skills outlined in the KSS. NB 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 their critical reflection

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

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| **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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| **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 six month review** |
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**Declarations and signatures**

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

| **Assessor Name** | |  |
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| I confirm my assessment at this review. | | |
| **Signature** |  | |
| **Date** |  | |

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