**The ASYE in Children’s Services - Final review and assessment decision**

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| **Date of review** |  |
| **Attendees** |
| **Assessor** |  |
| **NQSW** |  |
| **Line manager (if applicable)** |  |
| **Other is applicable** **(HR, ASYE coordinator)** |  |

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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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| **Review of NQSW’s progressive development** |
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| **Has the NQSW demonstrated progression and met the Knowledge and Skills Statement standards through the following assessment evidence?** | **Yes** | **No** |
| Critical reflection, as demonstrated through the written pieces of work |  |  |
| Professional documentation |  |  |
| **In addition has the NQSW:** |
| Completed three direct observations?  |  |  |
| Obtained at least three pieces of feedback from children & families in need of care and support?  |  |  |
| Obtained at least three pieces of feedback from other professionals?  |  |  |
| Completed a PDP for the next stage of their professional development?  |  |  |

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| **Final assessment** (Minimum 500 words) |
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| **Next steps**What, do you assess are the NQSW’s development needs in the next stage of their professional development and future career?How do you consider these should be addressed in next PDP and organisation’s appraisal cycle?How should they be incorporated into the timescales for meeting HCPC re-registration requirements? |
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| **Line manager/supervisor’s assessment report**Overall assessment - Please comment on the NQSW’s overall professional capability |
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| **Summary of support**Have there been any issues in the provision of support and reflective supervision, workload relief or professional development time (as identified in the support and assessment agreement and the reviews at three and six months) that may have impacted on the outcome recommendation? |
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| **Performance management**Have there been any performance management concerns during the ASYE? |
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| **Recommendation by the assessor** | **Yes** | **No** |
| Has the NQSW has passed the ASYE? |  |  |
| If no, are concerns being addressed via HR/capability procedures? |  |  |

**Declarations and signatures**

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| **NQSW Name**  |  |
| I have read and understood this assessment |
| **Signature** |  |
| **Date** |  |

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| **ASYE assessor name** |  |
| I confirm this assessment. |
| **Signature** |  |
| **Date** |  |

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| **Line manager/ supervisor name (if applicable):** |  |
| I have read this assessment and endorse it |
| **Signature** |  |
| **Date** |  |

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| **ASYE coordinator name:** |  |
| I have read this assessment and endorse it. |
| **Signature** |  |
| **Date** |  |

| **NQSW’s comments on final assessment** |
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