



PRINCIPAL'S REPORT ON NEW SCHEME TEACHER (T1)

This form is used for all permanent, temporary and casual teachers to make a recommendation for: satisfying or not satisfying requirements of the position held (for teachers permanent on probation only); accreditation at Professional Competence with the NSW Institute of Teachers; and award of a Teacher's Certificate (if not awarded from a previous period of teaching service).

SECTION 1 TEACHER INFORMATION
Name
Address
School
DEC ID number
Institute number
Email
Phone
Employment status (checkboxes for permanent full time, casual/temporary, permanent part time)

SECTION 2 TEACHER'S SERVICE AND SIGNATURE
Permanent teachers submit this form during their probationary year.
Casual and temporary teachers need to have completed at least 180 days of teaching...
I confirm that I have completed the required teaching service.
Teacher's signature: _____ Date: _____

SECTION 3 PRINCIPAL'S REPORT (Base the report on the professional knowledge, practice, commitment and supporting evidence of the new scheme teacher)

SECTION 4 PRINCIPAL'S RECOMMENDATION
It is recommended that _____'s efficiency be determined as:
[satisfying OR not satisfying requirements for position held (for teachers permanent on probation only)]
[meeting the accreditation requirements at the level of Professional Competence and]
[the award of a Teacher's Certificate. (if applicable)]
Principal's name: _____ Signature: _____ Date: _____

SECTION 5 MEMORANDUM TO THE TEACHER FROM SCHOOL EDUCATION DIRECTOR
Following consideration of the principal's recommendation and other evidence of your work, it is proposed that your efficiency will be determined on _____ as:
[satisfying OR not satisfying requirements for position held (for teachers permanent on probation only)]
[meeting the accreditation requirements at the level of Professional Competence and]
[the award of a Teacher's Certificate. (if applicable)]
School Education
Director's name: _____ Signature: _____ Date: _____



BEFORE SUBMITTING THE ACCREDITATION REPORT AND ANNOTATED EVIDENCE...

The teacher and school should ensure that:

- If the teacher was conditionally accredited, a certified copy of the transcript of their completed teacher training qualification is enclosed
- The teacher has no outstanding accreditation fees
- The teacher's correct Institute number is on the report
- The accreditation report is written by a supervising teacher, not the teacher presenting for accreditation
- The teacher's evidence and annotations address the Professional Teaching Standards described for Professional Competence, not those for Graduate Teacher
- The report has been signed by the teacher at Section 1a
- The report and the teacher's annotated evidence fit into a single A4 plastic sleeve
- The teacher and school each retain a copy of the report and evidence
- The report/evidence package is forwarded to the teacher accreditation authority (TAA) for the teacher's school **well before** the teacher's accreditation due date.

Teachers can check their fee balance and locate their Institute number by logging in to their online account at www.nswteachers.nsw.edu.au

The completed report/evidence package should be forwarded to the TAA for the teacher's school, **not** directly to the Institute.



ACCREDITATION REPORT FOR PROFESSIONAL COMPETENCE

Please complete all the following information:

Teacher's Full Name: _____	Date of Birth: _____
Institute Number: _____	<input type="checkbox"/> Casual <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> F/T <input type="checkbox"/> P/T
Name of School: <i>(in which report was written)</i> _____	Suburb/Town: _____
Subject(s)/stage(s): <i>(relevant to teacher's included evidence)</i> _____	
Home Address: _____	
Email: _____	Home Phone: _____
	Mobile: _____

**ELEMENT 1
TEACHERS KNOW THEIR SUBJECT CONTENT AND HOW TO TEACH THAT CONTENT TO THEIR STUDENTS**

Statement	Title of attached documentary evidence
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**ELEMENT 2
TEACHERS KNOW THEIR STUDENTS AND HOW THEY LEARN**

Statement	Title of attached documentary evidence
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**ELEMENT 3
TEACHERS PLAN, ASSESS AND REPORT FOR EFFECTIVE LEARNING**

Statement	Title of attached documentary evidence
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**ELEMENT 4
TEACHERS COMMUNICATE EFFECTIVELY WITH THEIR STUDENTS**

Statement

**Title of attached
documentary
evidence**

**ELEMENT 5
TEACHERS CREATE AND MAINTAIN SAFE AND CHALLENGING LEARNING ENVIRONMENTS THROUGH THE USE OF CLASSROOM
MANAGEMENT SKILLS**

Statement

**Title of attached
documentary
evidence**

**ELEMENT 6
TEACHERS CONTINUALLY IMPROVE THEIR PROFESSIONAL KNOWLEDGE AND PRACTICE**

Statement

**Title of attached
documentary
evidence**

**ELEMENT 7
TEACHERS ARE ACTIVELY ENGAGED MEMBERS OF THEIR PROFESSION AND THE WIDER COMMUNITY**

Statement

**Title of attached
documentary
evidence**

The new scheme teacher must read the report and sign Section 1a. The Teacher Accreditation Authority must complete and sign either Section 2 or Section 3.

Section 1a The new scheme teacher's sign off

I _____ have read the Accreditation Report and attest that the <i>(please print full name of new scheme teacher)</i> documentation attached is an accurate sample of my work. New scheme teacher's signature: _____ Date: _____
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New scheme teacher's statement (OPTIONAL)

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Section 1b The supervising teacher and Principal's sign off

Supervising Teacher's Full Name: _____ Signature: _____ Date: _____
Principal's Full Name: _____ Signature: _____ Date: _____

Section 2 TAA: Teacher MEETS the requirements for accreditation

As the Teacher Accreditation Authority, I determine that _____ <i>(please print teacher's full name)</i> meets the Institute of Teachers' requirements for accreditation at Professional Competence. Teacher Accreditation Authority's Full Name: _____ Position Title: _____ Organisation/School: _____ Location/Area: _____ Teacher Accreditation Authority's Signature: _____ Date: _____
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Section 3 TAA: Teacher DOES NOT MEET the requirements for accreditation

As the Teacher Accreditation Authority, I determine that _____ <i>(please print teacher's full name)</i> does not meet the Institute of Teachers' requirements for accreditation at Professional Competence. Teacher Accreditation Authority's Full Name: _____ Position Title: _____ Organisation/School: _____ Location/Area: _____ Teacher Accreditation Authority's Signature: _____ Date: _____
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If a teacher does not meet requirements, the TAA will then take initial steps for revocation of the teacher's accreditation specified under the relevant policy.