**P2F - Workplace Panel Report**

**Workplace Panel Meeting Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRT Name:** | | | **TRB Number:** |  | |
| **School/ College:** |  | | | | |
| **Date of meeting:** |  | | | | |
| **Format of supporting evidences presented:** | Digital | Paper-based | | | Hybrid |

***Please ensure there are three fully registered teachers on the Workplace Panel. The principal and mentor cannot act as the third teacher with full registration. The third panel member may be from another school.***

**Panel Chair (Principal/Delegate):**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | **TRB Number:** Click to enter |
| **Role Title:** | Click or tap here to enter text. | |
| **Signature:** |  | **Date:** Click or tap to enter a date. |

**Practice-focused Mentor:**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | **TRB Number:** Click to enter |
| **Signature:** |  | **Date:** Click or tap to enter a date. |

**Teacher with Full Registration:**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | **TRB Number:** Click to enter |
| **Signature:** |  | **Date:** Click or tap to enter a date. |

**General Comments from the Panel**

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| Commentary from the Workplace Panel that **highlights and celebrates the overall progression of the teacher from Graduate to Proficient standard.**  This should include some examples of the particular activities of what the PRT has done (for example, engaged in the development of a learning plan, completed planning for a lesson sequence, displaying success criteria/learning goals in the classroom, embedded a particular teaching strategy in an observed lesson, developed a scope and sequence document, completed an activity with students about Aboriginal and Torres Strait Islander histories, completion of risk assessment forms for excursions, completion of a Professional Development Plan, implemented a tool for literacy and numeracy achievement, created a virtual learning environment for a class) and their discussions around the impact on their students and their teaching (for example, increased student attendance rates, positive feedback from parents, improved behaviour within the classroom, etc.) |

**Supporting Evidence**

The Inquiry Plan will demonstrate the PRTs Proficiency against the 7 APST. The supporting evidence is used when the PRT has difficulty demonstrating a particular descriptor through the Inquiry process. The PRT may provide up to 10 pieces of additional supporting evidence which should be included in the Inquiry Plan Evidence Map.

|  |  |  |  |
| --- | --- | --- | --- |
| **Number:** | **Evidence:** | **APST link and descriptor:** | **Workplace Panel Determination:** |
| 1 | e.g. observation note templates | e.g. 1.5, 2.6, 4.1, 4.2, 5.2 | **Met  Not met** |
| 2 | e.g. collaborative team meeting notes | e.g. 6.1, 6.3, 7.2, 7.4 | **Met  Not met** |
| 3 |  |  | **Met  Not met** |
| 4 |  |  | **Met  Not met** |
| 5 |  |  | **Met  Not met** |
| 6 |  |  | **Met  Not met** |
| 7 |  |  | **Met  Not met** |
| 8 |  |  | **Met  Not met** |
| 9 |  |  | **Met  Not met** |
| 10 |  |  | **Met  Not met** |

**Recommendation by Principal/Delegate**

The person making this recommendation must hold full registration or have been approved by the Teachers Registration Board of Tasmania to undertake this recommendation.

### I confirm that:

The teacher meets the APST to the Proficient Standard.

This assessment has been undertaken in accordance with the requirements for the progressing to full registration process as specified by the Teachers Registration Board of Tasmania and a copy of the Workplace Panel report has been provided to the provisionally registered teacher.

A complete copy of all supporting evidence presented by the teacher for this assessment will be retained at the school where the assessment has been undertaken, for a period of 12 months from the date of the application to the TRB.

The teacher will email this document to the TRB Professional Standards Team with their Inquiry Plan and their Statement of Service (less than 3 months old).

**Full Name and Signature of Principal/Delegate:**

|  |  |  |
| --- | --- | --- |
| **Full Name:** | Click or tap here to enter text. | **TRB Number:** Click to enter |
| **Signature:** |  | **Date:** Click or tap to enter a date. |