

Panel Report

Workplace Panel Meeting Details

PRT Name:			TRB Number:	
School/ College:				
Date of meeting:	Click or tap here to enter text.			
Format of supporting evidences:	<input type="checkbox"/> Digital	<input type="checkbox"/> Paper-based	<input type="checkbox"/> Hybrid	

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

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

Please note that one piece of evidence can cover multiple standards and descriptors.

Evidence Number	Evidence Name	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	<input type="checkbox"/> Met <input type="checkbox"/> Not met
2	e.g. collaborative team meeting notes	e.g. 6.1, 6.3, 7.2, 7.4	<input type="checkbox"/> Met <input type="checkbox"/> Not met
3			<input type="checkbox"/> Met <input type="checkbox"/> Not met
4			<input type="checkbox"/> Met <input type="checkbox"/> Not met
5			<input type="checkbox"/> Met <input type="checkbox"/> Not met
6			<input type="checkbox"/> Met <input type="checkbox"/> Not met
7			<input type="checkbox"/> Met <input type="checkbox"/> 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:

- 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 meets the Teachers Registration Board requirements for full registration.

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.