HLTA North



**Assessor Contact Sheet (annex 9)**

Please complete all sections and email to the assessor within **five days** following your final preparation session

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate Name |  | | |
| URN |  | Area of Expertise |  |
| School Name |  | | |
| School Address |  | | |
| School telephone |  | | |
| Headteacher name |  | | |
| Headteacher E mail |  | | |

**If the headteacher has agreed to be represented by someone else please provide details**

|  |  |  |
| --- | --- | --- |
| Name |  | QTS ✓/x\* |
| Role |  |  |
| E mail address |  |  |

**Detail(s) of identified colleague(s) for the teacher interview(s) (if two teachers include details for both)**

|  |  |  |
| --- | --- | --- |
| Name (s) |  | QTS ✓/x\* |
| Role (s) |  |  |
| E mail address (es) |  |  |

**\*At least one of the teachers designated above must hold Qualified Teacher Status.**

* Have all those involved in the assessment been briefed about the process?
* Have all those involved in the assessment been briefed about the standards and types of questions they can expect? Have they read your tasks?
* Any other information for the assessor?

For example:

* + - Are there any specific dates or times which would not be suitable?
    - Are there any technical concerns about the assessment process?
    - Do you have any specific needs?

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**Please indicate below if there is a preferred method of communication to be used for the assessment interviews e.g. Zoom, Teams etc. All interviews will be conducted via a video link**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**A letter confirming the agreed visit details will be sent to your colleagues by email.**

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**Please confirm that, in accordance with Data Protection regulations, you will not pass any assessor details onto anyone else and will delete these details as soon as you have received the outcome of your assessment.**