

## Clarification of how the external dimension may work in the Droichead pilot

This note addresses the scenario where the PST consists of the principal, the mentor and an external associate member who is a practising teacher but not teaching in the relevant school(s). It outlines how the external associate member may be appointed, and how that teacher would work with the school-based members of the PST. It is assumed that the principal has no evaluative role as provided for in the *Droichead* policy, that he/she has appointed the PST, and that his/her role is solely to support the NQT's induction and confirm that the process has taken place.

- 1. At a cluster meeting of schools which are taking part in the *Droichead* pilot, the Chair of the meeting, usually a member of the NIPT, would request expressions of interest from teachers who may wish to work as external associate members to other schools' PSTs.
- 2. The NIPT would make training available to such teachers, subject to the agreement of the relevant Boards of Management of the schools employing the external teachers.
- 3. If a principal in a pilot school wished to appoint an external associate member to the school's team, he/she would contact a teacher from the external panel and confirm that teacher's membership of the PST<sup>1</sup>.
- 4. Once the external associate member's appointment is confirmed and agreed, it would then be up to the PST to work out how that teacher would engage with the process at school level. Subject to the usual resource constraints, this could involve a number of visits by the external associate member, to include observations of the NQT and professional conversations. Alternatively, it could allow for a single visit at the end of the NQT's period of service in the school and a single observation and professional conversation. It would be expected that the external associate member would consult with the school-based members of the PST in advance of their observation. The manner in which each member of the team would complete the *Droichead* form is outlined in Appendix 1.
- 5. In the scenario outlined above, the external associate member would be the only person who would make the recommendation to Council that the condition of Droichead be removed from the NQT's registration, as appropriate.

<sup>&</sup>lt;sup>1</sup> A principal could, if he/she wished, approach another external practising teacher who for whatever reason was not on the panel, on condition that the teacher completes PST training provided by the NIPT. This would be consistent with the flexibility of the pilot.

C	ONFIRMATION	RE ENGAGEN	MENT IN <i>DR</i>	OICHEAD IN RECOGNI	SED SCHOOLS	IN IRELAN	ND		
PART A To	o be complete	d by the appli	cant						
TEACHER NAME:									
ADDRESS:									
REGISTRATION N	UMBER:								
DURATION OF PR PRACTICE (provide and total number	le exact dates								
1/9/2013 to 30/6									
FORMAL SCHOOL NAME:		School Roll Number:							
SCHOOL ADDRES	S:								
SUBJECT(S) TAUG	SUBJECT(S) TAUGHT (post-		_1	SUBJECT/AREA_2	SUBJECT/AREA_3		SUBJECT/AREA_4		
Total number of teaching hours for this subject in the period									
specified (post-primary only):  Classroom setting (mainstream/learning support/resource, etc.):									
My teaching was observed by (an) experienced colleague(s) (please elaborate here, as appropriate):		I have completed the induction workshop programme (please insert certificate number here):			I have undergone a process of in-school mentoring (co-ordinated by the NIPT):				
Signature of teacher:					Date:				
	at the particulars go completed a	ven above are co	orrect and accu m period of po	rate, and that the teacher na ist-qualification professional d induction activities as esta	practice		sil		
	Name(s):		Signature(s):		Registration Numl		on Number(s):	Date:	
Principal									
Mentor									
PART C  I/We confirm tha	t the teacher nam demonstrate	ed on this docum	nent has: ommitment to	CHING COUNCIL  quality teaching and learnin dently as a qualified, fully reg					
				Oroichead condition be rem					
Name(s):		Signature(s):			Registration Number(s):		Date:		
School name:				Cabaalateee					
	School stamp:  OFFICIAL SCHOOL STAMP								

Record of professional p			
DURATION OF	Name and address of school:	School Roll No:	Signature of principal:
PROFESSIONAL PRACTICE			
(provide exact dates and number of days, e.g.,			
1/9/2013 to 30/6/2014, xx			
days):			
, ,			
			School stamp:
			School Stamp.
DURATION OF	Name and address of school:	School Roll No:	Signature of principal:
PROFESSIONAL PRACTICE			
(provide exact dates and number of days, e.g.,			
number of days, e.g., 1/9/2013 to 30/6/2014, xx			
days):			
			School stamp:
			School stamp.