**Name**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area of focus** | **What are your current strengths?** | **What do you want to improve?** | **What are the potential barriers to you achieving this?** | **Who or what do you need to help you overcome these barriers?** | **Questions or comments** |
| **Behaviour management** |  |  |  |  |  |
| **Assessment** |  |  |  |  |  |
| **Challenge and differentiation** |  |  |  |  |  |