



## PUPIL INDUCTION CHECKLIST

**NAME:**

**D.O.B**

**Initial Meeting Held:**

**Year Group:**

Activity	Tick(✓)/Date	Comment
<b>Meet with Head/Deputy and Form Completion</b>	<b>45mins</b>	
Interview with Head/Deputy including recent educational experiences & other relevant info		
Medical and emergency contact form		
Fair Processing Notice		
Visit and Photo consent		
ICT Code of Conduct		
Explanation of timetable & timings		
Risk Assessment		
Behaviour and Sanctions contract		
<b>Introduction to Staff/Students and Tour of Site</b>	<b>30mins</b>	
Tour of site <ul style="list-style-type: none"> <li>• out of bounds</li> <li>• toilets</li> <li>• lockers</li> <li>• First Aid</li> <li>• Fire Evacuation</li> <li>• Other emergencies</li> <li>• Breakfast/lunch</li> </ul>		
Introductions <ul style="list-style-type: none"> <li>• Lisa/Mark</li> <li>• Tutor</li> <li>• Other staff</li> <li>• Pupils</li> </ul>		
<b>Baseline Assessments</b>	<b>5.5hrs</b>	
<ul style="list-style-type: none"> <li>• Eng</li> <li>• Maths</li> <li>• ICT</li> <li>• Science</li> </ul>		

<b>Initial Targets</b>		
<ul style="list-style-type: none"> <li>• IEP's</li> <li>• Individual Subject Target</li> </ul>		
<b>End of first week</b>		
Update Risk Assessment Contact parent/carer with verbal report.		

Signature \_\_\_\_\_

Date \_\_\_\_\_