Form 5 Tutor Observation Record

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| **Name of Observer:** |  | **Date:** |  |
| **Name of Learner:** |  |  |  |
| **Aim of session** |  | **(as on session plan)** | **Length of observation:** |
| ***30 minutes required for micro teach*** | **Start time:** | **End time:** |

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| **Planning (3.1)** | **Y/N** | **Comments** |
| Have a completed session plan?A & O SMARTERCheck the environment & resources beforehand?Planned for an **inclusive** teaching and learning session? Embedded cross cutting themes? |  |  |
| **Delivery (4.1)** | **Y/N** | **Comments** |
| **Start** Introductions, bilingual? Aim and objectives and health & safety?**Main**knowledge of subject?Appear confident and professional?Take into account different learning needs?Use a range of activities?**Resources**Enough for all learners? Any bilingual resources? Appropriate/used to support lesson? **Communication** Clear and effective?Questioning style?Gave positive & encouraging feedback?Bilingual at any stage?**Assessment**Linked to Objective?Evidence provided?**Evaluation**Any additional evidence?**Conclusion**Summarised?Checked for questions?Returned to Aim & objectives?Thanked learners?Cleared up afterwards? |  |  |

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| **Significant strengths**  |
| **Areas for development**  |
| **Agreed points for action plan** |
| **Observer signature:** | **Name:**  | **Date:** |
| **Learner signature:** | **Name:** | **Date:** |

***Continuation sheet if required***