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 SMARTER  Check 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***