Form 3a Observation, feedback and grading



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| **Name of Learner:** |  | **Date:** |  |
| **Name of Observer:** |  | **Length of session:** |  |
| **Title of session:** |  | **Length of observation:** |  |
| **Overall grade of session:** |  |  |  |
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| **Overall feedback to candidate**  Planning  Delivery  Resources  Communication  Assessments  Feedback to learners |

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| **Significant strengths** |

**Areas for development**

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| **Agreed action plan** |

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| **Observer signature:** | **Name:** | **Date:** |
| **Learner signature:** | **Name:** | **Date:** |
| **IQA signature (if sampled)** | **Name:** | **Date:** |