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**This is a confidential form between the Observer and Observee, and can be completed during the observation or immediately afterwards. Upon completion, the form will be returned to the Observee.**

**BEFORE THE OBSERVATION**

This page is to be completed by the person being observed (Observee) and a copy should be given to the Observer at the pre-observation meeting.

**Name of person being observed (Observee):** Click or tap here to enter text.

**Department/School/Institute:** Click or tap here to enter text.

**Observer Name:** Click or tap here to enter text.

**Date of Observation:** Click or tap to enter a date.

**Module title**: Click or tap here to enter text.

**Year of study:** Click or tap to enter a date.

**Type of session**: Choose an item.

**If Other, please add**: Click or tap here to enter text.

**Duration of session:** Click or tap here to enter text.

**Duration of observation:** Click or tap here to enter text.

**Approximate number students attending:** Click or tap here to enter text.

**If this is a taught session, what are the learning objectives (what are you planning for the students to learn?)** Click or tap here to enter text.

**If this is not a taught session, what are your expectations for the students, for example, if your observation is for resources on the VLE, asynchronous materials or feedback given to students etc?**

 Click or tap here to enter text.

**What areas in particular would you like the Observer to focus on during the observation**:

1. Click or tap here to enter text.
2. Click or tap here to enter text.
3. Click or tap here to enter text.

**DURING THE OBSERVATION**

The sections and questions below are provided to support you with planning for feedback of the observation. **If any of the sections are not applicable or relevant for the observation that you undertaking, please leave blank, or substitute for another heading.**

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| **Area of Practice** | **Observer Comments** |
| 1. **Preparation**

*Was the session well organised? Was there a teaching plan? How well did the Observee respond to students’ needs?* | Click or tap here to enter text. |
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| 1. **Content**

*Was the content pitched at an appropriate level? Too much information? Too little?****2a. Introduction*** *– was it clear to the students how this session links to previous material covered? Did the introduction provide an overview? Were the Learning Outcome(s) of the session clarified with the students?***2b. Conclusion/Plenary** – *was there a summary of main ideas or a review of key points offered? Did the conclusion/plenary offer links to follow-up material or activities?* | Click or tap here to enter text.Click or tap here to enter text.Click or tap here to enter text. |
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| 1. **Methods**

*What teaching methods or strategies were used? Were they appropriate for the topic and students, context and environment (face to face or online).**Were the needs of students with learning differences taken into account? Were all student included in the session?**Were links with online material and/or asynchronous learning made? Does the use of the VLE enhance student engagement and learning?* | Click or tap here to enter text. |
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| 1. **Student Activity**

*Were students able to complete required tasks?**How were students engaged with their learning, and how was this demonstrated? Were there aspects of Active Learning?**Were students challenged to think, reflect and comment on parts of the session?* | Click or tap here to enter text. |
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| 1. **Pace**

*Was the session well paced, including communiation? Did the students have the opportunity to ask questions or develop discussions?* | Click or tap here to enter text. |
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| 1. **Use of examples**

*How did the use of examples enhance student understanding?**Were student examples asked for?* *Were there any employability examples?* | Click or tap here to enter text. |
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| 1. **Assessment and Feedback**

*Was there any evidence of formative assessment, for example, Q&A, quiz etc.* *Was the feedback offered constructive and helpful?* | Click or tap here to enter text. |
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| 1. **Teaching Environment**

*Were any safety issues highlighted?**How effective was the use of the teaching environment, either face to face or online?* *Were specialist equipment and teaching materials used successfully?*  | Click or tap here to enter text. |
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| 1. **Resources**

*Did resources used during the session enhance or detract from the learning? Were they up-to-date?**If observation is on resources from the VLE – how do they support students; do they encourage independent learning?*  | Click or tap here to enter text. |
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| 1. **Digital technology**

*Was any technology enhanced learning used (mentimetre, padlet, PollEverywhere…), and how did they this support learning?**If online session, was platform (Teams, Zoom etc) appropriately used? Were other tools used, such online whiteboard?* | Click or tap here to enter text. |
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| 1. **Overall**

*In what way was this a positive learning experience from which the students were able to learn, understand and apply new skills and/or knowledge?* | Click or tap here to enter text. |
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| 1. **Additional information**

*Please add anything else discussed not covered in previous sections.* | Click or tap here to enter text. |

**TO BE COMPLETED AFTER THE FEEDBACK MEETING AND DISCUSSION:**

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| --- | --- |
| **Strengths:***In what ways was the observation effective? Think about: Teaching, learning and assessment practice in the discipline; student engagement; active learning; inclusive practice and student support; assessment and feedback; use of resources; online learning; facilitation of discussion…* | Click or tap here to enter text. |
| **Areas for further consideration /development:***Agreed areas that the Observee would like to develop as part of their practice or continuing professional development* | Click or tap here to enter text. |

**Was there any area of good practice during the observation that could be shared with colleagues within the School or wider university?** Click or tap here to enter text.

**Were there any issues identified that should be fed back to the Peer Observation Group? For example, timetabling, environment (rooming or online environment), technology etc.** Click or tap here to enter text.

**PLEASE ENSURE THAT BOTH THE OBSERVER AND OBSERVEE AGREE AND SIGN THE FORM**

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| --- |
| **We agree that this is a fair record of the observation and post observation discussion:**Observee’s Signature (type name): Click or tap here to enter text. Date: Click or tap to enter a date.Peer Observer’s Signature (type name): Click or tap here to enter text. Date: Click or tap to enter a date. |

**The Peer Observer should return the final version of this form to the Observee only, as it is confidential.**