**Teaching Observation (TO)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trainee name:** |  | | | **Training Phase:** | |  | | |
| Assessor name: |  | | | Registration no: | |  | | |
| Grade of assessor: |  | | | Date | |  | | |
| Teaching topic/title |  | | | **Curriculum elements covered** | | | | |
| Number of learners |  | | |  | | | | |
| Teaching environment |  | | |  | | | | |
| Length of teaching session |  | | |  | | | | |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | | *Not observed* | *Further core learning needed* | | *Demonstrates good practice* | | | *Demonstrates excellent practice* |
| *Must address learning* | | *Should address learning* |
| Introduction of self | |  |  | |  | |  |  |
| Gained attention of group | |  |  | |  | |  |  |
| Gave expected learning outcomes | |  |  | |  | |  |  |
| Key points emphasised | |  |  | |  | |  |  |
| Good knowledge of subject | |  |  | |  | |  |  |
| Logical sequence | |  |  | |  | |  |  |
| Well paced | |  |  | |  | |  |  |
| Clear concise delivery | |  |  | |  | |  |  |
| Good use of tone/voice | |  |  | |  | |  |  |
| Appropriate use of resources | |  |  | |  | |  |  |
| Encouraged group participation | |  |  | |  | |  |  |
| Effective use of questioning | |  |  | |  | |  |  |
| Appropriate use of teaching methods | |  |  | |  | |  |  |
| Encouraged questions from group | |  |  | |  | |  |  |
| Dealt with questions appropriately | |  |  | |  | |  |  |
| Summarised key points at end | |  |  | |  | |  |  |

Teaching Observation (TO) (cont.)

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| **Trainee name:** |  | | | **Training Phase:** | | |  | | |
| Assessor name: |  | | | Registration no: | | |  | | |
| Grade of assessor: |  | | | Date | | |  | | |
| **Please TICK to indicate the standard of the trainee’s performance in each area** | | *Not observed* | *Further core learning needed* | | | *Demonstrates good practice* | | | *Demonstrates excellent practice* |
| *Must address learning* | | *Should address learning* |
| Met learning outcomes | |  |  | | |  | |  |  |
| Kept to time limit | |  |  | | |  | |  |  |
| Overall performance | |  |  | | |  | |  |  |
| **Areas of strength** | | | | | | | | | |
|  | | | | | | | | | |
| **Areas for improvement** | | | | | | | | | |
|  | | | | | | | | | |
| **Action plan** | | | | | | | | | |
|  | | | | | | | | | |
| Assessor Signature: | | | | | Trainee Signature: | | | | |