**Name of practitioner …………………………………………. Start time ………………**

**Observer …………….…………………………… End time ………………**

**Date of observation ……………………………….…………**

**Area of practice practitioner would like specific feedback on**

**…………………………………………………………….…………………………………………**

|  |  |
| --- | --- |
| **Observation Focus (use prompts from the list, or add your own)** | **Observation notes (write what you see/hear)** |
|  |  |
| **OBSERVATION FEEDBACK** |  |
| Ask practitioner what they felt went well.Add what you felt went well, from your notes.You could ask them to score their own practice on a scale of 1-10 | Strengths |
| Ask practitioner what would make their practice even better.Use open questions to prompt reflection on key areas you feel could be developed furtherIf you used the scaling question (above) ask them what they could do to move them from say a 7 to an 8. | Development Points |
| Any Other Comments |  |

**Date of feedback: ……………………………………………………**

**Signed by practitioner: ……………………………………………………**

**Signed by observer: ……………………………………………………**

*This sample is for guidance only and may be adapted to fit the requirements of the setting. Consistency within the setting is recommended.*