**TEMPLATE- Observation of Practice**

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| Name of Observed Practitioner |  |
| Name of Observer |  |
| Date of Observation |  |
| Venue |  |
| Permission from service users, colleagues, as appropriate | YES NO NOT REQUIRED |

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| **Background to Observation Session**For example, the session’s context, outline of any discussions held before the observed session, particular aspect of practice to be observed |
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| **Feedback from Observer**Were the objectives achieved? Areas of strength: areas for development: feedback from service user, colleagues etc.? |
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| **Comments from Practitioner**On the session observed: on the feedback, on the process etc |
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| **Agreed Areas of Development**Include how these will be fed into annual appraisal, personal supervision etc |
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The above notes represent the discussion as recorded by the observer. If there are any errors and omissions, please raise within 5 days of receipt.