**Practice Observation**

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| **Name of Worker:**  | **Date of observation:**  |
| **Name of observer:**  | **Role of observer:**  |
| **Setting of observation:**  |

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| **1. Holistic assessment of areas of strength and improvement demonstrated in the observation of practice (up to 500 words)** |
| *Give a brief background to the observation; was the worker prepared?*  |
| **2. What did the practitioner do well?**  |
| *What skills and knowledge did they demonstrate at this observation? Were they able to respond to questions posed? Demonstrated relational aspects of practice? Showed cultural competence?* |
| **3. What could be developed further?** |
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| **4. Action plan following the direct observation with SMART objectives**  |
| *How will any learning and development needs been identified from this observation be addressed?* |
| **5. Practitioner’s reflection on the observation and feedback** |
| *To be completed by the practitioner who has been observed (or observer please capture their reflective comments here).* |
| Grading  |  |

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| **Observer’s signature** |  |
| **Date** |  |
| **Workers signature** |  |
| **Date**  |  |