**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** |  |