**Children’s Services**

**Direct observation**

When observing practice, the observer should reference appropriate use of the skills and behaviours identified in the Children and Young Peoples’ Services Principles of Best Practice

|  |  |
| --- | --- |
| **Name of observer** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Name of person/team observed** |  |
| **Activity observed**  |   |

**Part 1:**

**Completed by observer following informal discussion/appreciative enquiry prior to the observation**

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| **Background/aim of activity** |
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**Part 2:**

**Observer completes before the observation**

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| **What does the observer want / expect to see during this observation e.g. behaviours, skills, tasks, processes** |
|  |

**Part 3:**

**Observer completes during/after the observation**

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| **What worked well**  |
|  |
| **What could have been done differently** |
|  |
| **Feedback from children, young people, and families (where appropriate)** |
|  |

**Part 4:**

**Practitioner completes box below after the observation**

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| **Reflections on the observation: What did the practitioner think went well, could have been better, would do differently next time?** |
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**Practitioners scaling of the activity:**

On a scale of 0-10, 10 being that everything went very well and you feel happy about the observation activity and 0 is that you feel really unhappy about how it went where would you rate yourself?

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Why have you given yourself that number? |
|  |

**Managers scaling of the activity:**

On a scale of 0-10, 10 being that everything went very well and you are happy about the observed activity and 0 is that you feel unhappy about the observation and feel that improvements need to be made where would you rate your observation today?

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| Why have you given that number? |
|  |

|  |  |
| --- | --- |
| **Practitioner signature** |  |
| **Date** |  |
| **Observer****signature** |  |
| **Date** |   |
| **Practitioner’s Manager signature** |  |
| **Date** |  |