**Staff/Meeting Practice Observation Audit Template**

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**Practice or Meeting Observation Record:**

***Please ensure your record is analytical and evidence based rather than descriptive.***

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| **Observer Name:** |  |
| **Event/Meeting Type:** |  |
| **Date:** |  |
| **Child ID No. & Initials** |  |
| **Worker being observed:** |  |
| **Team:** |  |

|  |  |
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| * Overview of the activity observed: | |
|  | |
| * Feedback | |
|  | |
| **Grade:**  *Outstanding/Good/Requires Improvement/Inadequate* | **Please set out the rationale for your decision (if RI or inadequate please include what steps you took to ensure this is addressed):** |
| **What would improve this grade?** |  |