Observation of Teaching, Learning & Assessment Tutor Feedback Sheet

Please complete this form following your observation

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| **Tutor’s Name:** |
| **Centre:** | **Course code:**  |
| **Session times:**  | **Course title:**  |

|  |  |
| --- | --- |
| 1. **Did the session go as planned?**
 | 1. **What worked well?**
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| 1. **Are there areas that you feel could be improved?**
 | 1. **What might you do differently if you were delivering this session again?**
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| 1. **How well did learners make progress towards their LO?**
 | 1. **How did you meet the needs of all learners?**
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| 1. **How did you build on previous learning?**
 | 1. **Please record any other comments about the OTLA process.**
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**Centre Manager: Tutor:**

**Date:**