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

**Centre Manager: Tutor:**

**Date:**