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| --- | --- |
| **Name of tutor/s**: | **Name of observer**: |
| **Area of focus:** | **Venue/s**: |
| **Course Title/s**:  | **Course Code/s**: **Session/s:** x of x |
| **Date/s of SLW**: | **Time of Visit/s**:  |
| **People Present**: no of learners/SC/LSA/visitors |  |

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| --- |
| **Good practice observed:** |
| **Reflections:**  |

Completed observation reports to be returned to HAQuality@hants.gov.uk within 3 working days of the observation taking place.