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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](mailto:HAQuality@hants.gov.uk) within 3 working days of the observation taking place.