**Quality Assurance of Teaching and Learning & Professional Skills and Abilities**

**Feedback Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Teacher: | | | | | Observer: | | | | Date/Period: | | | |
| Areas Observed:  Learning Walks, Tracking Meetings, Jotter Sampling, Pupil Voice, SHANARRI Meetings, ASL Meetings | | | | | | | | | | | | |
| Key Focus Codes | | | | | | | | | | | | |
| SFR | 3.1.1 | | 3.1.2 | 3.1.3 | | | 3.1.4 | | 3.2.1 | | 3.2.2 | 3.3.1 |
| Hgios | | 2.3 | 2.4 | 2.5 | | | 2.6 | | 3.1 | | 3.2 | 3.3 |
| Feedback Points to Teacher   * Teaching & Learning * Classroom organisation & management * Learners’ experiences & pupil opportunities * Meeting learners’ needs * Ethos & equal opportunities | | | | | | | | | | | | |
| Action Agreed | | | | | | By Whom | | | | By When | | |
|  | | | | | |  | | | |  | | |
| Signatures  Teacher:  Date: | | | | | | | | Observer:  Date: | | | | |