

Lesson Observation Standards Sheet

This form may contribute to the trainee's evidence base when claiming success in achieving the QTS Standard.

Trainee's Name: _____ School: _____ Date: _____

Professional Standards: Please comment under each of the Standards headings as appropriate taking into account the practice observed, documentation, and discussions with the trainee and relevant school staff.

Professional attributes:

Professional Knowledge and Understanding:

Professional Skills:

Strengths:

***Targets:**

Observer's Signature(s): _____ Date: _____

Trainee's Signature: _____ Date: _____

*Failure to meet these targets may put you at risk of failing placement