Teaching Observation Report Form

Name of Observer/Module Reviewer:
Name of Person Observed:
Module Title:
Type of Activity:
Approx. Number of Students Present:
Date of Observation
Good Practice/Innovative Methods Identified
Lecturer should note:
QAE Committee should note:
QAE Committee to take action? Yes/No WHAT:

Signed: _____ (Observer) Date: _____

_____ (Lecturer)

Checked by QA Secretary for action by QAEC ☐

Noted by Chair of QAEC if required ☐