**Observation of practice and triangulated discussion.**

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| --- | --- | --- | --- |
| **Student Full Name:** |  | **Focus:** |  |
| **School/ Placement Setting:** |  | **Area of learning and development:** |  |
| **Mentor:** |  | **Associate mentor:** |  |
| **Date:** |  | **Year/Age group:** |  |

Once complete, please ensure that the trainee, mentor and associate mentor all have a copy of this form.

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| --- |
| **Narrative of teaching observation/interaction with Children/Staff/ Parents.** (Please delete as necessary). |
|  |
| **Triangulated discussion notes (please use development through the curriculum documentation and weekly bulletins to support this process).**  (Including a reflection on the above observation, how the trainee is implementing the taught curriculum into practice, their **impact** on children’s learning and development and **national priorities**) **PLEASE USE IN CONJUNCTION WITH MENTOR/ASSOCIATE MENTOR TARGET SETTING FORM.** |