**This Lesson Analysis form is designed to evaluate the impact of teaching on the learning of specific pupils and guide the trainee as to how this can be further improved.**

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| **Trainee:** | **Establishment:** | **ITT Mentor/Liaison tutor:** | | **Phase:** | **Date:** |
| **Teaching Group:** | **Subject/Topic:** | **Focus for observation S5: Meeting Individual needs.** | | | |
| **Section A – To be completed by the trainee:** | | | | | |
| **Focus group/pupils for observation** | | | | | |
| **Which group of pupils would you like the observer to focus on and why?** | | | | | |
| **Quality of Planning, Teaching and Subject Knowledge (S3 and S4):** | | | | | |
| **What are you anticipating they will achieve in this lesson?** | | | | | |
| **Quality of ensuring individual needs are met (S5):** | | | | | |
| **What strategies will you employ?** | | | | | |
| **Section B – To be completed by the observer:** | | | | | |
| **Evaluation of pupil progress:** | | | **Points for consideration:** | | |
| **Evaluation of the impact of teaching strategies used:** | | | **Points for consideration:** | | |
| **Areas for discussion at the weekly meeting:** | | | | | |
| **Overall strengths of the trainee’s progress in meeting individual needs:** | | **Key areas for development**  **To further improve learning of this group you should:** | | | |

**\*Points raised should be used to inform targets set at the weekly meeting.**

|  |  |
| --- | --- |
| **Notes:**  **(Evidence to inform evaluative comments )** | |
| **ITT/Professional Mentor/Liaison Tutor Signature:**  (Please indicate if this was a co-observation) | **Trainee’s Signature:** |
| **Date:** | **Date:** |

**NB: Trainee to copy completed Lesson Analysis Form for the ITT/Professional Mentor.**

**Trainee to keep the Lesson Analysis Booklet in the QTS Training File.**