**Peer Enrichment of Teaching: Good Practice Worthy of Wider Dissemination**

*To be completed jointly by both participants after the session and post-observation discussion have taken place.*

|  |
| --- |
| *School:* |
|  |
| *Name of Lecturer / Tutor:*  | *Name of Observer:* |
|  |  |
| *Module Title:* | *Date(s) of Observation:*  |
|  |  |
| *Type of Teaching Session:* | *Number of Students present:* |
|  |  |
|  |
| *We confirm that this observation was made in accordance with School procedure, or that School procedure was not followed for the reason given overleaf:* |
| *Signature of observer:*  | *Date:* |
|  |  |
| *Signature of person observed:* | *Date:* |
|  |  |
| **GOOD PRACTICE WORTHY OF WIDER DISSEMINATION** |
| *Please give a brief description for use by Staff Development Unit* |
|  |
| *I agree/do not agree that my School / the Staff Development Unit can use this information in training and in appropriate publications. (Please delete as appropriate)* |
| *Signature of person observed:* | *Date:* |
|  |  |

**Observee: Please make two copies of this page only – one for yourself and one for your observer, and then forward the original to your Peer Enrichment Coordinator**