



Little Explorers Pre-school

Reference No EY492319

Peer Observation

Staff Name:	
Job Title:	
Name of staff being Observed	
Date of observation	
Anything to declare since last DBS	
Are you on any medication	

What do you want to observe and why?

Observation of the activity/ Member of staff – Include time, context, how many children were involved, what has been planned, what did member of staff do, how did the children respond?

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What did you learn from this Observation?

Are there any changes that could be made to enhance their practice?

Feedback and discussion

Signed Signed.....