

## Children's Services

### Practice Observation Feedback Form

As part of the following observation, you will be observing the practitioner and the work undertaken. You are not required to participate or offer contributions during the meeting unless you have a valid safeguarding reason to do so. Depending on the type of observation you may choose to re-affirm you are observing practice and not the family and notes are on the quality of practice.

**Please note once this feedback is submitted a copy will be sent to the practitioner for their information.**

<b>1. Date of observation:</b>
<b>2. Type of observation</b>
<b>3. Observer's name</b>
<b>4. Name of worker being observed</b>
<b>5. Child's ID if relevant</b>
<b>6. Consent obtained by worker (check on the day)</b>
<b>7. How was Observation Held? E.g., Teams, Hybrid, in person.</b>
<b>8. Comment on the quality of the interventions, consider introductions, explanations and did it remain child focused? Was it strengths-based intervention for example?</b>
<b>9. Was the purpose of the meeting/ visit etc. appropriate and did it achieve a suitable outcome?</b>

Please transfer details of this paper form to the [Online Form](#) or scan a copy to [Practiceobservation@dorsetcouncil.gov.uk](mailto:Practiceobservation@dorsetcouncil.gov.uk)

**10.** Were there any process or technical issues that impacted on the quality of intervention, consider any impact of different working in Covid or system issues, particularly if it impacted on Q7&8

**11.** Was there anything else that you would like to highlight regarding the observation of practice not already covered

**12.** Was feedback obtained from Child / Family after Observed session?

Yes / No

**13.** If no, please give reason.

**14.** If feedback was obtained from Child / Family please describe: