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| **TRAINER NAME**  Name of TAE Student | |  | | | | | |
| **Observer Name**  ☐  **Blueprint** A**ssessor**  ☐ **Third Party Observer** | | *(Ensure as an observer you have completed the Third Party Details form)* | | | | | |
| **SESSION TOPIC #1** | |  | | | **Date of session** |  | |
| **SESSION TOPIC #2** | |  | | | **Date of session** |  | |
| **SESSION TOPIC #3** | |  | | | **Date of session** |  | |
| **AUDIENCE**  (check all that apply) | | **# learners** | **Gender** | **Year Level** | **Pre-Training** | | |
|  | Male  Female  Unspecified | 15-19  46-60  20-30  60+  30-45 | Have the learners been advised of the learning program, venue, date and time, what to bring? | | Yes  No |
| **SPECIFIC LEARNER CHARACTERISTICS AND NEEDS** | | Do any of the students require specialist support?  No  Yes, please specify | | | | | |
| **RESOURCES USED**  (check all that apply) | | Whiteboard  PowerPoint  Game  Chart/Poster  Questionnaire  3-D Model  Audio  Photographs  Other (Please specify):  Film/Video  Text/workbooks  Computer/internet  Handout/activity sheet | | | | | |
| **Component** | **Check** | **Skill** | | | | | |
| **PREPARATION** |  | Prepare a session plan with clear aims, objectives and teaching strategies | | | | | |
|  | Prepare a variety of appropriate teaching resources | | | | | |
|  | Ensure that room layout and all audio-visual and other required equipment is available and operational? | | | | | |
|  | Ensure a safe learning environment is maintained | | | | | |
| **DELIVERY** |  | Establish housekeeping/ground rules including: WH&S procedures, inclusivity and expected behaviours, Duty of Care | | | | | |
|  | Record attendance | | | | | |
|  | Capture learner interest, introduce topic and communicate the learning objectives | | | | | |
|  | Describe how the learner will be assessed, or how the success of their learning will be measured | | | | | |
|  | Display an enthusiastic and professional demeanor | | | | | |
|  | Establish rapport with student to create a cooperative, friendly and controlled learning environment | | | | | |
|  | Modulate voice volume and tone and pace | | | | | |
|  | Demonstrate active listening and eye contact with learners | | | | | |
|  | Sequence activities to maximise learning and retention of knowledge and skills | | | | | |
|  | Incorporate strategies and activities that involve audial, visual and kinaesthetic learning | | | | | |
|  | Use training resources effectively | | | | | |
|  | Ensure that gestures (body language) are appropriate, supportive and meaningful | | | | | |
|  | Deal with different or challenging personality types? | | | | | |
|  | Adapt the program and delivery style to suit specific needs | | | | | |
|  | Demonstrate a skill or task in logical sequence and observe students performing same task | | | | | |
|  | Give clear explanations and instructions in simple language | | | | | |
|  | Encourage learner questions and open discussion | | | | | |
|  | Use a range of question types and distribute them to learners? | | | | | |
|  | Respond supportively to reinforce learner contributions and questions? | | | | | |
|  | Maintain the learning momentum and keep track of time? | | | | | |
|  | Monitor progress throughout the session? | | | | | |
|  | Follow plan to address all specified learning aims, objectives and teaching strategies | | | | | |

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| **PROGRESS CHECK** |  | Give constructive feedback to learners |
|  | Use an assessment instrument appropriately (e.g. Test, observation, scenario, problem solving activity) |
| **CONCLUSION** |  | Summarise content, outcomes and “where to from here” |
|  | Set self-paced homework |

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| **Were there any unfavourable factors?** | External noise  Ventilation  Other (please specify)  Interruption  Room temperature  Unsuitable seating  Technology issue | | | | | | | | | | |
| **Rate the outcomes that were achieved by learners?** | **Area** | **High** | | | **Moderate** | | **Low** | | **Unknown/Not applicable** | | |
| Attention and interest |  | | |  | |  | |  | | |
| Participation and teamwork |  | | |  | |  | |  | | |
| Extension of knowledge |  | | |  | |  | |  | | |
| Improvement in skills |  | | |  | |  | |  | | |
| Change of attitude |  | | |  | |  | |  | | |
| Development of LLN |  | | |  | |  | |  | | |
| **What administration, record-keeping and reporting was done?** |  | | | | | | | | | | |
| **With a similar group next time, what general improvements need to be made?** | **Improvement** | | **Yes** | | **No** | **Improvement** | | | | **Yes** | **No** |
| Increase or decrease the delivery time | |  | |  | Give greater opportunity for learner participation | | | |  |  |
| Modify sections of the delivery | |  | |  | Allow more time for discussion | | | |  |  |
| Change vocal volume, pace, tone | |  | |  | Alter the assessment | | | |  |  |
| Alter the resources used | |  | |  | Improve the summary | | | |  |  |
| **Overall comments or feedback and suggestions for improvement**  **(*Provide at least 3 suggestions for improvement)*** | 1.  2.  3. | | | | | | | | | | |
| ***I confirm I have observed the learner delivering 3 x 30 minute sessions of training to a group of at least 4 participants.***  ***The feedback and comments on this form reflect the skills demonstrated by the learner.*** | | | | | | | | | | | |
| **ASSESSOR / THIRD-PARTY OBSERVER SIGNATURE** |  | | | **DATE:** | | | |  | | | |