

SCHOOL OBSERVATION REPORT

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TRAINEE NAME: .....

CETT GROUP No: .....

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SCHOOL NAME: .....

TYPE OF SCHOOL: .....

TEACHER'S NAME: .....

CLASS NUMBER: .....

AGE GROUP: .....

DATE OF OBSERVATION: .....

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To be completed by the observed teacher after the lesson:

Signature: ..... Date: .....

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To be completed by the trainee observer after the lesson.

*Three things I have learnt from this lesson:*

1 .....

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2 .....

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3 .....

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