****

**For use on all courses**

**Tutor Course Review 2022/2023**

|  |  |
| --- | --- |
| **Office Use: Course ID** |  |
| **Course Title:** |  | **Course Type:** | Community Learning |  |
| Regulated |  |
| **Tutor Name:** |  | Non-regulated |  |
| Workshops/Taster (<5hrs) |  |
| **Number of Sessions:** |  | **Start Date:** |  | Short Course (5-9hrs) |  |
| Long Course (10hr+) |  |
| **End Date:** |  |
| Family Learning |  |
| **Venue:** |  | **Number of Learners feeding back:** |  | **Did you have an OTLA or Walkthrough on this course?** | Yes/No |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of complaints received:** |  | **If complaints were received, were they reported to your Line Manager?** | Yes/No |
| **Number of accidents/near misses occurring:** |  | **Were any accidents/near misses occurring reported to your Line Manager?** | Yes/No |
| **Number of safeguarding incidents occurring:** |  | **Were any safeguarding incidents that occurred reported to your Line Manager?** | Yes/No |

|  |  |  |
| --- | --- | --- |
| **Mandatory Paperwork submitted**  | **Please Tick** | **Comments/Issues/CPD Required** |
| Scheme of Work and Risk Assessment |  |  |
| Fully completed course register |  |  |
| ILPs, signed and all sections completed |  |  |
| Group progress tracking sheet |  |  |
| Learner Feedback Forms, all sections completed |  |  |
| Examples of session plans, including session evaluations |  |  |

**Comments from Learners** (summarise the contents of learner feedback forms)

|  |  |  |  |
| --- | --- | --- | --- |
| **Strengths** | **Number of learners commenting** | **What could be improved?** | **Number of learners commenting** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Action Taken (if required)** | **Action Taken (if required)** |
|  |  |

|  |
| --- |
| **Tutor Evaluation, including any other learner feedback/skills development** |
|  |

|  |
| --- |
| **Tutor Reflection** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tutor Signature:** |  | **Date:** |  |

|  |
| --- |
| **Provider Comment** |
|  |
| **Line Manager Signature:** |  | **Date:** |  |

V1 22/23

