******Assignment | Home Visits Course**

The manager or lead practitioner who you observed during the home visit should complete this form. He or she may type or handwrite in the boxes below.

Once it has been completed please upload it to Moodle

**Part 2: Manager’s review**

|  |  |
| --- | --- |
| Name of person completing this form: |  |
| Date of accompanied visit |  |
| Name of practitioner accompanying you |  |
| Please provide a brief overview of the role the practitioner took  |  |

|  |  |  |
| --- | --- | --- |
|  | Grade | Comment |
| Communication Skills |  |  |
| Professionalism  |  |  |
| Interaction with parents |  |  |
| Interaction with child |  |  |
| Information gathering skills |  |  |

*1 = Needs improvement, 5 = Outstanding*

|  |  |
| --- | --- |
| Please identify ONE thing that the practitioner did or said that stood out as being good practice  |  |
| Please highlight ONE aspect of the practitioners interactions which was weaker |  |
| Please identify TWO targets for the practitioner to focus on in terms of improving their practice | 1.2. |