

GOVERNOR VISIT MONITORING FORM  
NAME OF SCHOOL: TWO MOORS PRIMARY SCHOOL

NAME OF GOVERNOR:	DATE OF VISIT:
Class name / Year Group:	No of children:

Subject and purpose of visit:  
Linked to School Improvement Plan Priority:

Details of Observation:

Areas highlighted by staff or following discussions with staff:

Governor Signature:

Staff Signature:

Please hand completed form for attention of the Chair of Teaching and Learning Committee