Annual Review of Teaching Scheme (ARTS)

Option B: discussion on an aspect of teaching practice

Activity to be undertaken as a pair or small group in agreement with Academic Lead/ Line Manager or equivalent.

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| --- | --- |
| **Name of reviewee** |  |
| **Name of reviewer(s)** |  |
| **Date** |  | **College/Programme** |  |
| **Which area of practice do you wish to address?** |
|  |
| **What actions will you take to address this area of practice?** |
|  |
| **How will you evaluate this change?** For example, what mechanisms for student feedback, peer review, or education scholarship might you use? |
|  |
| **Proposed date for follow-up review:** |  |

Practice Development Record (after change has been implemented)

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| --- | --- | --- | --- |
| **Date** |  | **Name of reviewer (s)****(if different from above)** |  |
| **Briefly describe the change implemented:** |
|  |
| **What was the outcome of the change implemented?** Use specific evidence from your evaluation of practice. |
|  |
| **Summarise any recommendations or developments for your own future practice:** |
|  |
| **Are there any further points of note or good practice to record?** |
|  |
| **Aspects that you would like to make known to your College/Service and/or University, and through which forum:** |
|  |
| **Summary of reviewer(s) comments:** |
|  |
| **Signature of reviewee** |  | **Date:** |
| **Signature of reviewer(s)** |  | **Date:** |
| **Additional follow-up required? If so, proposed date?** |  |