

**SCHOOL INSPECTION: INTO EVALUATION
PRIVATE AND CONFIDENTIAL**

Name of School: _____

Name: _____

School Rep or Member (Please circle)

School Sector: (Please circle as appropriate)

Primary

Secondary

Grammar

Maintained

Integrated

Controlled

Date of inspection: _____

Type of inspection: Short Focused General Other (Please describe)

Number of teachers in school: _____ Length of Inspection (days): _____

Number of Inspectors: _____ Reporting Inspector: _____

Phase of Inspector: Primary Secondary Grammar Irish Medium

Notice given for inspection (days, weeks): _____

Key areas addressed in inspection:

Estimated number of hours preparation required for inspection: _____

Documentation specifically requested by ETI: _____

Were inspectors' comments professional and helpful? Yes No

Was there a positive outcome in terms of the education of the pupils as a result of the inspection? Yes No

Comment: _____

Were all staff involved by ETI in briefing and debriefing? Yes No

How were teacher/inspector professional relationships? (Please circle as appropriate)

Excellent

Good

Bad

Poor

Comment: _____

Is the school a better working environment as a result of the inspection?:

Yes No

Do you agree with the use of parents' questionnaires: Yes No

Comment: _____

Please comment on the use of pupil interviews re. teachers:

Did staff suffer any undue stress as a result of the inspection?: Yes No

Comment: _____

Were there any adverse effects on personal relationships with friends/family as a result of the inspection?

Yes No

Did Inspectorate shadow pupils? Yes No

Did inspectorate interview individual pupils? Yes No

