|  |  |
| --- | --- |
| Title of activity |  |
| Link to relevant themes |  |
| Brief description and aim of activity |
| Objectives |
| What I want the child(ren) to do |  |
| What I want the child(ren) to learn |  |
| **General information** |
| Ages of children in the group |  |
| Number of children to be involved |  |
| Number of adults to be involved |  |
| What is the role of the adults? |  |
| What is my role? |  |
| What do I need to think about before I start the activity, including health and safety issues |
|  |
| What do I need to do before I start the activity? |
|  |
| What materials/equipment/resources are needed? Are the resources available?  |
|  |
| Are there any children who need to be observed : Yes / No. ( if yes give details )  |
|  |
| What follow-up materials might I need (e.g. songs to go with a story)? |
|  |
| Where will the activity be carried out (e.g. indoors in home corner)? |
|  |
| Will any child need additional help or support? |
|  |
| How long do I intend the activity/experience to last? |
|  |
| Unit: LO PC | I confirm I have seen this plan before the activity has taken place. Supervisor Signature:  |

Activity Evaluation Sheet

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| --- |
| How have the aims of the activity been met?  |
|   |
| What were the positive outcomes of the activity?  |
|   |
| What I would do differently next time? |
|    |
| Outcomes of child observation (if appropriate).  |
|  |
| Learner’s NameSignature Date | Supervisor’s NameSignature Date |
|  |  |