|  |  |  |  |
| --- | --- | --- | --- |
| 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

|  |  |
| --- | --- |
| 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 |
|  |  |