



NAME	
DATE	
ACTIVITY	

I think this activity was...

I think I did well at...

I think the best part was...

I learned...





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On a scale from 1 – 10 rate how much you enjoyed today?

	1	2	3	4	5	6	7	8	9	10	
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What do you think about today? (Write, draw or stick on photos.)

I enjoyed...

I didn't enjoy...





I learned...

I was good at...





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This activity was..... (please tick one)			
BORING <input type="checkbox"/>	OKAY <input type="checkbox"/>	GOOD <input type="checkbox"/>	EXCELLENT <input type="checkbox"/>
			

How much effort did you put into it? (please tick one)	
I tried as much as I could	<input type="checkbox"/>
I tried a lot	<input type="checkbox"/>
I tried a bit	<input type="checkbox"/>
I couldn't be bothered	<input type="checkbox"/>

How well did you work with other people on the activity? (please tick one)		
VERY WELL <input type="checkbox"/>	QUITE WELL <input type="checkbox"/>	NOT VERY WELL <input type="checkbox"/>



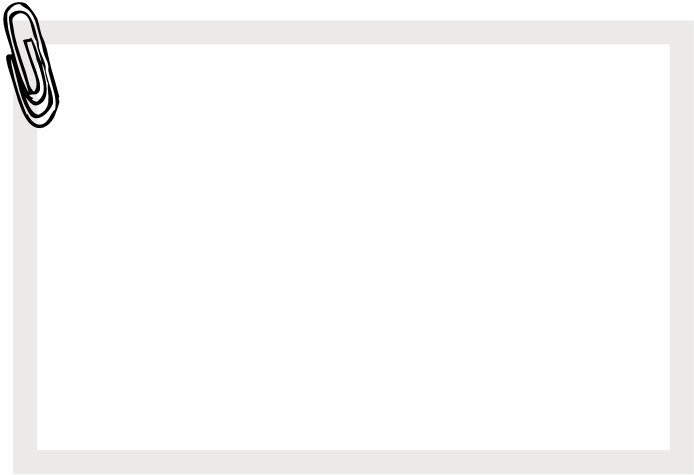
Write about or draw the thing that you enjoyed most





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Say a little about each photograph!
Who's in it? What are they doing? Why are they doing it?



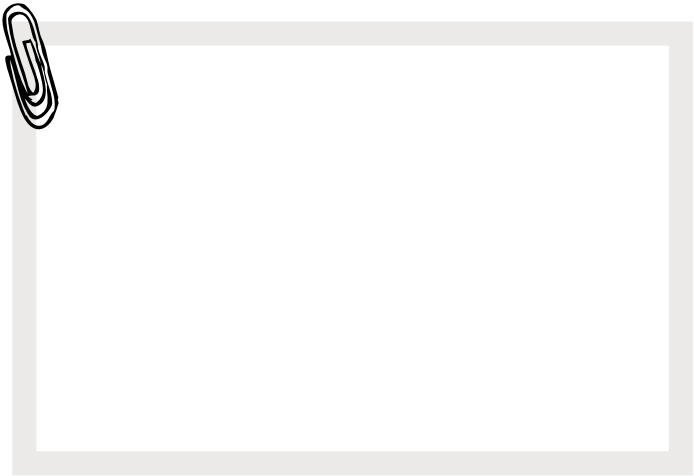
WHO?

WHAT?

.....

WHY?

.....



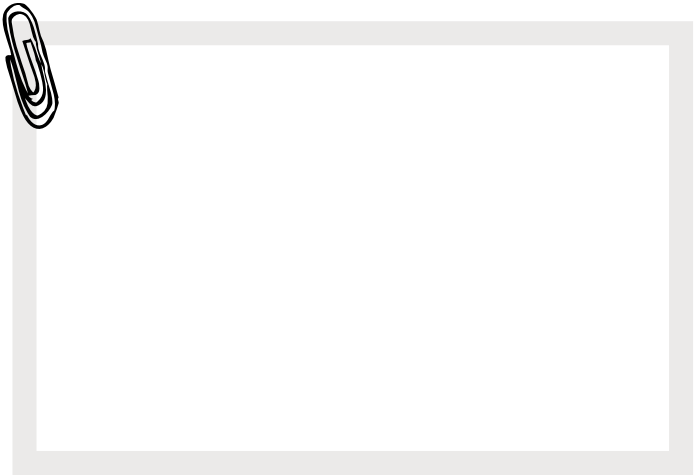
WHO?

WHAT?

.....

WHY?

.....



WHO?

WHAT?

.....

WHY?

.....





NAME	
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Review your experience of today; what you did, how you felt about things and what you would do differently or the same if you did something like this again.

Today I...

I felt...

Next time I would...





NAME	
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Session Review

Session Title			
Date			
Venue			
Start time		Finish time	
Participants	Who		How many

What I enjoyed about this session:	
------------------------------------	--

What I found difficult about this session:	
--	--

What I learned from this session:	
-----------------------------------	--

Targets this learning connects with:	
--------------------------------------	--

Things I can take forward or improve for future sessions:	
---	--

Other things I would like to record:	
--------------------------------------	--





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What do you feel you did well? (Circle the words)			
PLANNING	ORGANISING RESOURCES	ORGANISING OTHERS	INVOLVING OTHERS
STAYING ON TASK	VERBAL COMMUNICATION	WRITTEN COMMUNICATION	TEAM WORKING
PROBLEM SOLVING	PRIORITISING	SELF-MOTIVATION	LEADERSHIP
DECISION MAKING	ADAPTABILITY	NEGOTIATION	RESEARCHING

What do you feel you did not do so well or that you need to work on? (Circle the words)			
PLANNING	ORGANISING RESOURCES	ORGANISING OTHERS	INVOLVING OTHERS
STAYING ON TASK	VERBAL COMMUNICATION	WRITTEN COMMUNICATION	TEAM WORKING
PROBLEM SOLVING	PRIORITISING	SELF-MOTIVATION	LEADERSHIP
DECISION MAKING	ADAPTABILITY	NEGOTIATION	RESEARCHING



What will you change next time to improve your performance?



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Skills I have used today! (Circle the words)		
MANAGING TIME	LEADERSHIP SKILLS	BEING RELIABLE
ADAPTING TO SITUATIONS	ADVISING PEOPLE	BUDGETING MONEY
COMMUNICATION	CONTACTING OTHERS	STAYING ON TASK
DELEGATING TASKS	EVALUATING	FINDING INFORMATION
FOLLOWING INSTRUCTIONS	FOLLOWING DIRECTIONS	GATHERING INFORMATION
GENERATING IDEAS	HANDLING EQUIPMENT	MAKING AN EFFORT
HELPING PEOPLE	LEARNING NEW THINGS	SOLVING PROBLEMS
SPEAKING IN PUBLIC	WORKING IN A TEAM	WORKING QUICKLY



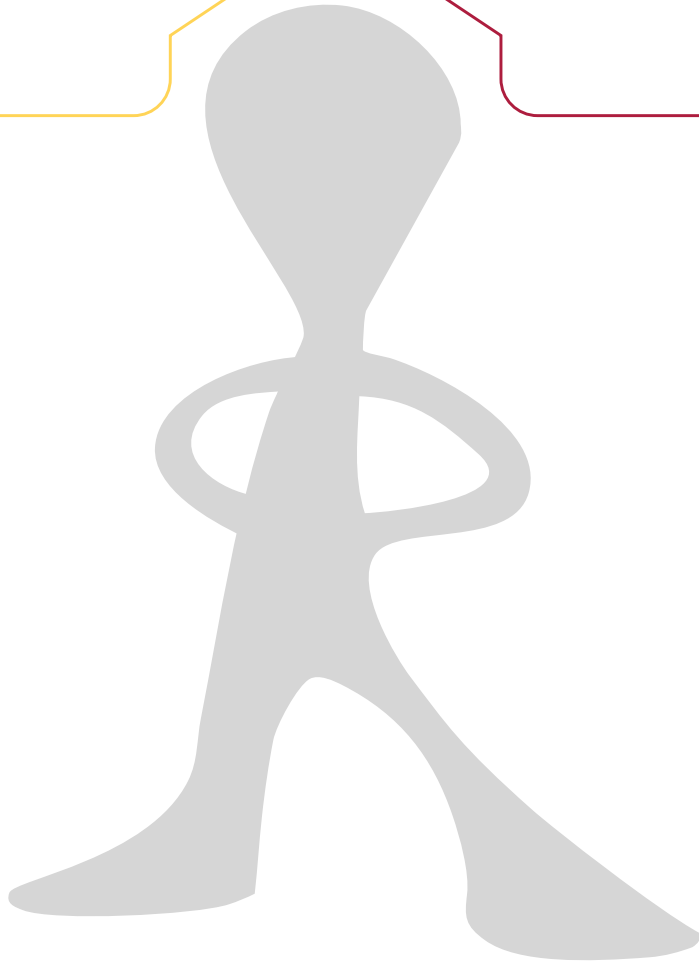


NAME	
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What did you do and how did you get on today?
Write, draw or add a photo!

Today I...

I was good at...





NAME	
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What did you do and what did you think about today's activity?

Today I...

I was good at...



I learnt...

I enjoyed...





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Tick the box that best describes your thoughts and feelings about today's activity session.

How did you feel before the session?		
<input type="checkbox"/> Excited	<input type="checkbox"/> Okay	<input type="checkbox"/> Nervous
		
How did you feel after the session?		
<input type="checkbox"/> Glad I did it	<input type="checkbox"/> Alright	<input type="checkbox"/> Don't ever want to do it again
		
How did you enjoy the session?		
<input type="checkbox"/> It was great	<input type="checkbox"/> About average	<input type="checkbox"/> I didn't like it
		
Do you feel more confident about yourself?		
<input type="checkbox"/> Much more	<input type="checkbox"/> About the same	<input type="checkbox"/> I think I'm worse
		
Do you feel you have developed your skills?		
<input type="checkbox"/> A lot	<input type="checkbox"/> A little	<input type="checkbox"/> Not at all
		





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DRAW OR INSERT
PHOTO HERE!

I enjoyed this activity because...

My favourite thing was...

The thing I liked least...

One new thing I learnt...





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Record what you did and your thoughts and feelings about today's activities.

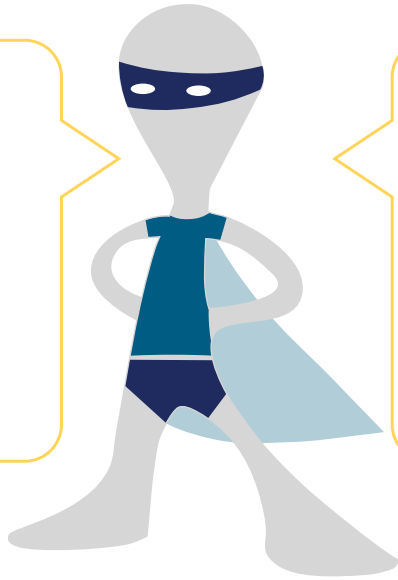
TODAY I	I THOUGHT





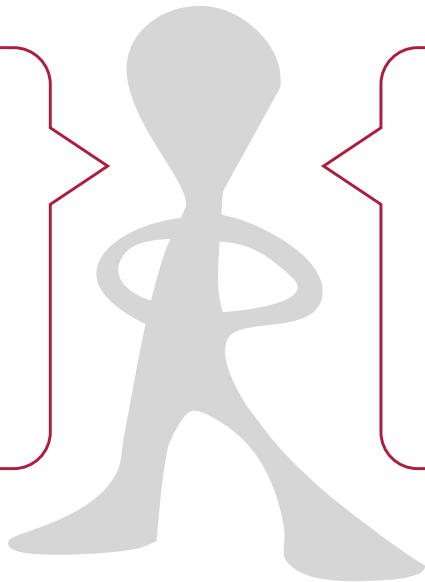
NAME	
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I was good at...



I was good at...

I need to work at...



I need to work at...