Learning Activity Experience Curriculum Design (LAECD) 1.2 Part H - I

**Part H. Implementation and Monitoring**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date and time of implementation** |  | **Location** |  |
| **Area** | **Child 1** | **Child 2** | **Child 3** |
| Engagement and participation in the activity |  |  |  |
| Your **observation** on how they use their creativity to overcome challenges in the activity, i.e. what you have observed in children |  |  |  |
| Your **critical reflection** on how they use their creativity to overcome challenges in the activity.Include where the child did well and where the children need more support. | Where the child did well (at least one area):Where the child needs more support (at least one area) | Where the child did well (at least one area):Where the child needs more support (at least one area) | Where the child did well (at least one area):Where the child needs more support (at least one area) |
| How they collaborate with other children |  |  |  |

|  |
| --- |
| **Children’s Feedback on the Activity** |
| **Child 1** | **Child 2** | **Child 3** |
|  |  |  |

**Part I. Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment** | **Child 1** | **Child 2** | **Child 3** |
| Knowledge |  |  |  |
| Target knowledge achieved?🞏 YES 🞏 NO | Target knowledge achieved?🞏 YES 🞏 NO | Target knowledge achieved?🞏 YES 🞏 NO |
| Skills |  |  |  |
| Target skill achieved?🞏 YES 🞏 NO | Target skill achieved?🞏 YES 🞏 NO | Target skill achieved?🞏 YES 🞏 NO |
| Behaviour |  |  |  |
| Target behaviour achieved?🞏 YES 🞏 NO | Target behaviour achieved?🞏 YES 🞏 NO | Target behaviour achieved?🞏 YES 🞏 NO |

|  |
| --- |
| **Part H – I Supervisor Declaration**By signing this declaration, I confirm that I have sufficiently observed the candidate, whose name appears above, implement the learning opportunities documented in this *Learning Activity Experience Curriculum Design*.I further confirm that the information recorded above is true and accurate. |
| Supervisor Name |  | Supervisor’s signatureDate. |
| Title/Designation |  |
| Contact number (required) |  |
| Email address (required) |  |