Learning Activity Experience Curriculum Design (LAECD) 1.2 Part J

**Part J. Evaluation**

For family members of children, do not include their real names, write ‘mother, father, or legal guardian’, etc. only.

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| **Meeting Details** | | |
| **Date** | **Time** | **Location/venue** |
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| **Attendees** | |
| **Stakeholder** | **Stakeholder name** |
| Supervisor or other endorsed observer(s) |  |
| Child 1’s family member |  |
| Child 2’s family member |  |
| Child 3’s family member |  |
| Educator 1 | Educator 1 |
| Educator 2 | Educator 2 |

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| **Agenda 1: Overview of the Activity** |
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| **Agenda 2: Outcomes of the activity, as documented in Part H – I of your LAECD.** |
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| **Agenda 3: Stakeholders’ Feedback** |
| **The overall activity** |
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| **The three learning opportunities in this activity** |
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| **Children’s participation in the activity.** |
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| **Part J Supervisor Declaration**  By signing this declaration, I confirm that I have sufficiently observed the candidate, whose name appears above, gather feedback on the activity they have implemented in the service from the attendees listed in this document.  I further confirm that the information recorded above is true and accurate. | | |
| Supervisor Name |  | Supervisor’s signature  Date |
| Title/Designation |  |
| Contact number (required) |  |
| Email address (required) |  |