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 signatureDate |
| Title/Designation |  |
| Contact number (required) |  |
| Email address (required) |  |