|  |
| --- |
| **ACTIVITY/PROJECT NAME:** |

|  |
| --- |
| **DATE OF ACTIVITY/PROJECT:** |

|  |
| --- |
| 1. **What went well or what were the good things that happened with your activity?**

**Was there anything that surprised you about your activity?**e.g. having students present about cyber safety at the parent information night |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 1. **Were there any things that didn’t go so well or things that could be improved if you ran a similar activity again?**

e.g. some of the web links in the PowerPoint presentation did not work |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 1. **Do you have any recommendations to others who run a similar activity?**

e.g. advertise 4 weeks out from the parent information night so lots of parents can come, check the web links in the presentation work |
|  |
|  |
|  |
|  |
|  |

Worksheet – Time to reflect