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| **ACTIVITY/PROJECT NAME:** |

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

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| 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 |
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| 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 |
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| 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 |
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Worksheet – Time to reflect