**Additional Adult Communication and Feedback Sheet**

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| **Group (see copy of lesson plan for full details):** | |  |
| **Date:** | |  |
| **Name of Additional Adult:** | |  |
| **Lesson:** | |  |
| **Learning Intentions/Objectives:** | |  |
| **Success Criteria** | |  |
| **Please see lesson plan for details of:**   * Ideas / strategies to support children having difficulties * Ideas / strategies to support children who need extension | | |
|  | | |
|  | **Names of children** | **Comments on children’s learning and suggested future action** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |