

## Reception Part 1 Record Sheet: Group Sessions

Session no. \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Teaching:    yes     no

Consolidation:    yes     no

Attendance	Initials	Yes	No	If no, reason for absence	Best Listener	Session timing	Approx. no. mins
						Child 1	
Child 2						Listening game	
Child 3						Vocabulary	
Child 4						Narrative	
Child 5						Plenary	

**Listening game**

**Words taught/reinforced**

**Narrative task**

**General comments**

Use this space to record any comments you have about the session that will help your planning (i.e. progress of individual children, areas to focus on in individual sessions etc.):