

Reception Part 2 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						Letter sounds	
Child 3						Vocabulary	
Child 4						Narrative	
Child 5						Plenary	

Letter sounds taught
Letter sounds practised
Words revised
Words taught
Narrative task
General comments
<p>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.):</p>