

Reception Part 2 Record Sheet: Individual Sessions

Child's name: _____

Skills to target in this week's Individual sessions:
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Weekly session 1	Prev. Group session no.:	Date:
Words in this session		Revising <input type="checkbox"/> Extending <input type="checkbox"/>
Words to follow up in next session(s)		LS/PA activity:
Narrative:		Sequence cards <input type="checkbox"/> Own event <input type="checkbox"/>
Child's Story:		
<i>Cont. overleaf if needed...</i>		

Weekly session 2	Prev. Group session no.:	Date:
Words in this session		Revising <input type="checkbox"/> Extending <input type="checkbox"/>
Words to follow up in next session(s)		LS/PA activity:
Narrative:		Sequence cards <input type="checkbox"/> Own event <input type="checkbox"/>
Child's Story:		
<i>Cont. overleaf if needed...</i>		

Comments on this week's Individual sessions:
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