|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child’s name: | What went good? | What was difficult? | Did the child understand the exercise? | Did the child enjoy the exercise? | What was notable? |
| Day:  Activity : |  |  |  |  |  |
| Day:  Activity: |  |  |  |  |  |
| Day:  Activity: |  |  |  |  |  |

Teachers document

Subject: Math skills / Visual skills/ Auditory skills / Visual Motor skills

Children document

Child’s name:

Subject:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Glimlachend gezicht zonder opvulling | Verward gezicht zonder opvulling | Verdrietig gezicht zonder opvulling |
|  |  |  |  |
|  |  |  |  |