

Home learning Record

Name: _____

Date:	Lesson (Circle) 1 2 3 4
Day (Circle)	Subject:
Mon	Learning objective:
Tues	
Wed	Did I enjoy this lesson? (Circle) Yes No Why?
Thurs	What went well:
Fri	What could I do better:
	Did I need any help? (Circle) Yes No e.g. an adult, a book, the internet