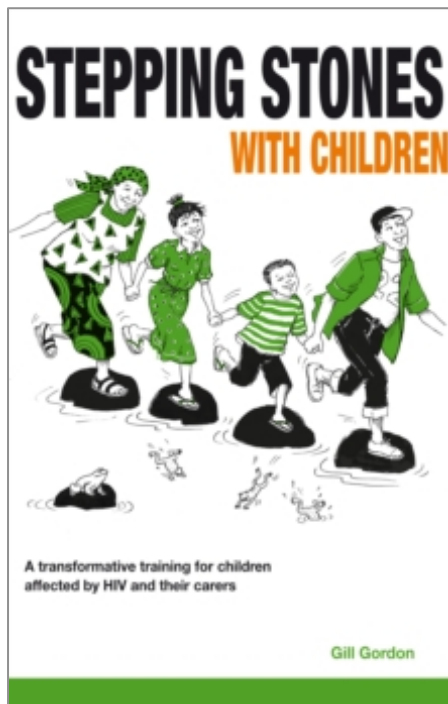


**Facilitators' Journal  
for *Stepping Stones with Children* Part 2**



This Facilitators' Journal for Stepping Stones with Children is to be used with the *Stepping Stones with Children* training manual published by Practical Action Publishing, 2016.

You can download it for free for use with this training manual from the [www.steppingstonesfeedback.org](http://www.steppingstonesfeedback.org) website.

On this website there are also many other resources to support you with this training manual and the original Stepping Stones training manual.

*Stepping Stones* and *Stepping Stones Plus* as well as *Stepping Stones with Children* are both programmes created and supported by Salamander Trust, [www.salamandertrust.net](http://www.salamandertrust.net)

*Stepping Stones with Children* was created by Salamander Trust with PASADA, funded by Comic Relief.

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*With thanks to the Secretariat of the Pacific Community and the Foundation of the Peoples of the South Pacific International for their inspiration for this journal.*

## Facilitators' Journal for Stepping Stones with Children Part 2

This journal belongs to:

\_\_\_\_\_ and \_\_\_\_\_

Facilitating the \_\_\_\_\_ peer group  
in the community of \_\_\_\_\_



Created by Gill Gordon & Sue Holden of the Salamander Trust: v1, September 2015

This journal is a place for facilitators to record important information about 'Stepping Stones with Children' Sessions 16 to 29 (Book 2). It features:

- **An attendance record:** at the first session write the peer group members' names here. Put a star (\*) by the name of participants who are disabled and a tick (✓) for the males.

At each session, put a tick (✓) or cross (✗) to record who attended and who was absent.

- **A progress record:** write the peer group members' names again here.

After each session record a score for each participant:

- 1 – not engaged at all
- 2 – not very engaged
- 3 – OK
- 4 – engaged and learning
- 5 – very engaged and learning

- Space to record **evaluation data** from some sessions.
- **A participants' review form for each session:** after each session, fill in feedback from 3 participants here - see instructions on page 4. Getting their feedback will help you to improve the sessions.
- **A facilitators' review form for each session:** this is where you and your co-facilitator can record your observations and thoughts. Recording the effects of the programme may help your organisation to get funding to run more workshops.

**Attendance Record:** At each session, put a tick (✓) or cross (×) to record who attended and who was absent.

[illegible]

**Progress Record:** After each session, enter a score out of 5 for each person (where 1 is not engaged, 3 is OK, and 5 is very engaged).

[illegible]

## Participants' review for each session

- 1) Ask 3 participants to stay after the session for 15 minutes. Explain that you want each of them, at the same time, to use one hand to show their score out of 5, where 1 is very poor, 3 is OK, and 5 is very good. You'll ask them to do this for each exercise against three categories:

- how *relevant and useful* they found the **content**
- how much they *enjoyed* the **activity**
- how they rate the **timing** of the exercise

Give an example: *"If I didn't think the content was useful I'd hold up 1 or 2 fingers, if I enjoyed the activity I might show 4 or 5, and if the timing was OK but not great I'd show 3 fingers"*. Check that they have understood.

- 2) Remind them of the first exercise and ask all three participants to use one hand to show their score for its content. (By showing their hands at the same time we avoid the risk that they copy each other.)
- 3) Write the total (which will be a number between 3 and 15) in the relevant box.
- 4) Do the same for their enjoyment of the exercise, and lastly the timing.
- 5) Repeat for all the exercises that you did in the session:
  - If a total score is less than 9 explore with them what could have been improved and note it down.
  - Don't feel put off or defensive if the participants criticise the session. It shows that they trust you enough to be

honest. Stay on your hub, and listen and learn from their comments.


- Obviously, do not ask them to score any activities that you did not do!
  - Make a note if for some reason the score is not for 3 people (e.g. if one person missed an activity, so cannot give a score for it).
- 6) You should have recorded one thing that each of them learned during the session's closing circle, but if not, ask now and write them down. In the next opening circle, ask the three people to share if they were able to use what they were learned, and if so how, and note their feedback.

## Facilitators' review for each session

With your co-facilitator, fill in these pages with your observations and thoughts. This will build a useful record to refer to when you next facilitate Stepping Stones with Children workshops.

Noting down participants' stories of change, and observations of how the session helped them, will help at the evaluation stage. You'll be reminded of things you might have forgotten about, and can follow up, e.g. to find out if the changes mentioned in the session were lasting.

## SESSION 16: FRIENDSHIP: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
16.1 What makes a good friend?				
16.2 Dragons				
16.3 Responding to challenges in relations between friends				
16.4 Friendship groups				
16.5 Making our environment friendlier				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 16: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
16.1 What makes a good friend?	
16.2 Dragons	
16.3 Responding to challenges in relations between friends	
16.4 Friendship groups	
16.5 Making our environment friendlier	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:



....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 17: GOING TO SCHOOL: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
17.1 The benefits of going to school				
17.2 Supporting children in attending school				
17.3 Dreaming of a supportive school				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 17: FACILITATORS' REVIEW

<b>Exercise done?</b> Mark with ✓ or ✕	<b>Your notes</b> e.g. things to do differently another time
17.1 The benefits of going to school	
17.2 Supporting children in attending school	
17.3 Dreaming of a supportive school	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:


Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 18: MANAGING ALCOHOL AND OTHER DRUGS: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
18.1 Exploring drug use				
18.2 Do what I do, not what I say				
18.3 Supporting ourselves in taking control				
18.4 Supporting others in taking control				
<i>Additional exercise</i> 18.5 Drug use in the household				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 18: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
18.1 Exploring drug use	
18.2 Do what I do, not what I say	
18.3 Supporting ourselves in taking control	
18.4 Supporting others in taking control	
<i>Additional exercise</i> 18.5 Drug use in the household	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:



....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:



Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 19: WHEN WE ARE GROWING UP: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
19.1 Physical changes in puberty				
19.2 Our sexual and reproductive organs				
19.3 Social and behavioural changes in puberty				
19.4 Finding and giving support during puberty				
19.5 Managing menstruation				
19.6 All about wet dreams				
<i>Additional exercises</i> 19.7 Growing up with HIV				
19.8 Male circumcision				
19.9 Female genital cutting				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 19: FACILITATORS' REVIEW

<b>Exercise done?</b> Mark with ✓ or ✕	<b>Your notes</b> e.g. things to do differently another time
19.1 Physical changes in puberty	
19.2 Our sexual and reproductive organs	
19.3 Social and behavioural changes in puberty	
19.4 Finding and giving support during puberty	
19.5 Managing menstruation	
19.6 All about wet dreams	
<i>Additional exercises</i> 19.7 Growing up with HIV	
19.8 Male circumcision	
19.9 Female genital cutting	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:


Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 20: RELATIONSHIPS, LOVE AND SEX: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
20.1 Friendships between boys and girls				
20.2 The pairing game				
20.3 Love, sexual feelings, and having sex				
<i>Additional exercises:</i> 20.4 Early marriage				
20.5 An ideal long-term loving relationship				
20.6 Love between people of the same sex				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 20: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
20.1 Friendships between boys and girls	
20.2 The pairing game	
20.3 Love, sexual feelings, and having sex	
<i>Additional exercises:</i> 20.4 Early marriage	
20.5 An ideal long- term loving relationship	
20.6 Love between people of the same sex	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:



....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 21: SEXUAL FEELINGS AND SEXUAL SAFETY: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
21.1 Managing sexual feelings				
21.2 Masturbation				
21.3 Safe and unsafe ways of showing sexual love				
21.4 ( <i>for older children and caregivers only</i> ) Setting boundaries				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 21: FACILITATORS' REVIEW

<b>Exercise done?</b> Mark with ✓ or ✕	<b>Your notes</b> e.g. things to do differently another time
21.1 Managing sexual feelings	
21.2 Masturbation	
21.3 Safe and unsafe ways of showing sexual love	
21.4 ( <i>for older children and caregivers only</i> ) Setting boundaries	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

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## SESSION 22: PORNOGRAPHY

**Exercise 22.2:** (note, there is no data to record for the younger children)






<i>Older children only</i> Record here the number of fingers shown (from 0 to 10+) by male and female 9-14 year olds to show how many time times they have watched porn in the past month.	<b>Number of fingers shown</b> e.g. 5 6 10 3 1 0 10+ <i>please write carefully so we do not confuse 10 with 1 0</i>	
	Females	Males

<i>Older children only</i> Record here the number of fingers shown (from 1 to 5) in answer to the question 'how much does your caregiver do to try and protect you from porn?'	<b>Number of fingers shown</b> e.g. 5 2 1 2 4 1	
	Females	Males

<i>Caregivers only</i> Record here the number of fingers shown (from 1 to 5) in answer to the question 'how much do you do to try and protect your child from porn?'	<b>Number of fingers shown</b> e.g. 5 2 1 2 4 1	
	Females	Males

<i>Older children and caregivers</i> Record here the number of responses to the statements about porn.	Females			Males		
	Agree Thumb up	Not sure Hand down	Disagree Thumb down	Agree Thumb up	Not sure Hand down	Disagree Thumb down
'There is nothing wrong with children watching porn because sex is a normal part of life.'						
'It's impossible to stop children from watching porn because it's everywhere.'						

## SESSION 22: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
22.1 If I were....				
22.2 Asking questions about porn				
22.3 <i>For older children and caregivers only</i> Is it legal, is it right?				
22.4 <i>For older children and caregivers only</i> Planet porn and planet earth				
22.5 The effects of porn on children				
22.6 Protecting children from porn				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session



## SESSION 22: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
22.1 If I were....	
22.2 Asking questions about porn	
22.3 <i>For older children and caregivers only</i> Is it legal, is it right?	
22.4 <i>For older children and caregivers only</i> Planet porn and planet earth	
22.5 The effects of porn on children	
22.6 Protecting children from porn	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 23: DELAYING, STARTING, AND STOPPING HAVING SEX: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
23.1 Why do children start having sex?				
23.2 Advantages and disadvantages of delaying, starting, and stopping having sex				
23.3 Sex and our life journey				
23.4 ( <i>children aged 9–14 years and caregivers only</i> ) Should they have sex or not?				
23.5 Sticking to our decisions				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 23: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
23.1 Why do children start having sex?	
23.2 Advantages and disadvantages of delaying, starting, and stopping having sex	
23.3 Sex and our life journey	
23.4 ( <i>children aged 9–14 years and caregivers only</i> ) Should they have sex or not?	
23.5 Sticking to our decisions	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 24: ALL ABOUT CONDOMS: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
24.1 What are condoms?				
24.2 Condoms are our friends				
24.3 <i>For children aged 9–14 and caregivers only</i> How are 'outside' condoms used?				
24.4 <i>For children aged 9–14 and caregivers only</i> How are 'inside' condoms used?				
24.5 Do condoms fit everyone?				
24.6 What are we doing to stay safe?				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session



## SESSION 24: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
24.1 What are condoms?	
24.2 Condoms are our friends	
24.3 <i>For children aged 9–14 and caregivers only</i> How are 'outside' condoms used?	
24.4 <i>For children aged 9–14 and caregivers only</i> How are 'inside' condoms used?	
24.5 Do condoms fit everyone?	
24.6 What are we doing to stay safe?	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 25: CHILDREN BY CHOICE NOT CHANCE: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
25.1 Our dreams for healthy children				
25.2 How do people make babies?				
25.3 Meeting a woman and her baby				
25.4 Taking responsibility for our actions				
25.5 Managing our fertility				
25.6 Consequences of early pregnancy				
25.7 Coping with an early pregnancy				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 25: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
25.1 Our dreams for healthy children	
25.2 How do people make babies?	
25.3 Meeting a woman and her baby	
25.4 Taking responsibility for our actions	
25.5 Managing our fertility	
25.6 Consequences of early pregnancy	
25.7 Coping with an early pregnancy	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 26: PROTECTING EACH OTHER FROM SEXUAL ABUSE: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
26.1 Unsafe situations				
26.2 Points of contact				
26.3 Caring, sexual, and confusing touches				
26.4 Protecting ourselves and our children				
26.5 Practising responses to sexual approaches				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session



## SESSION 26: FACILITATORS' REVIEW

<b>Exercise done?</b> Mark with ✓ or ✕	<b>Your notes</b> e.g. things to do differently another time
26.1 Unsafe situations	
26.2 Points of contact	
26.3 Caring, sexual, and confusing touches	
26.4 Protecting ourselves and our children	
26.5 Practising responses to sexual approaches	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:


Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 27: SUPPORTING SURVIVORS OF SEXUAL ABUSE: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
27.1 Singing and dancing				
27.2 Telling trusted people about child sexual abuse				
27.3 Signs of sexual abuse and supporting children in talking about it				
27.4 <i>For children aged 9–14 years and caregivers only:</i> Supporting survivors of abuse				
27.5 Protecting children from further abuse				
27.6 Imagining a safe haven				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 27: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
27.1 Singing and dancing	
27.2 Telling trusted people about child sexual abuse	
27.3 Signs of sexual abuse and supporting children in talking about it	
27.4 <i>For children aged 9–14 years and caregivers only:</i> Supporting survivors of abuse	
27.5 Protecting children from further abuse	
27.6 Imagining a safe haven	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 28: LEARNING AND CONTRIBUTING THROUGH WORK: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
---	--	--	--	---

Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
28.1 Work we enjoy				
28.2 Ways of making work easier				
28.3 The virtue of diligence				
28.4 How do we spend our day?				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session



## SESSION 28: FACILITATORS' REVIEW

<b>Exercise done?</b> Mark with ✓ or ✕	<b>Your notes</b> e.g. things to do differently another time
28.1 Work we enjoy	
28.2 Ways of making work easier	
28.3 The virtue of diligence	
28.4 How do we spend our day?	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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## SESSION 29: LIVELIHOODS: PARTICIPANTS' REVIEW

Very poor 	Poor 	OK 	Good 	Very good 
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Exercise	Content score	Activity score	Timing score	Feedback, comments & suggestions for improvement
29.1 The web of work				
29.2 My dream occupation				
29.3 A tool to assess occupations				
29.4 Our path to an occupation that suits us				
29.5 Protecting children from harmful work				
29.6 Acquiring income and goods				
29.7 Using our resources wisely				
29.8 Helping each other get started				

Name	One thing learned in the session	Feedback (at next session) if they used the thing learned
1		
2		
3		

**Any other feedback from participants about the effect of the session** e.g. comments made during the opening circle of the next session

## SESSION 29: FACILITATORS' REVIEW

Exercise done? Mark with ✓ or ✕	Your notes e.g. things to do differently another time
29.1 The web of work	
29.2 My dream occupation	
29.3 A tool to assess occupations	
29.4 Our path to an occupation that suits us	
29.5 Protecting children from harmful work	
29.6 Acquiring income and goods	
29.7 Using our resources wisely	
29.8 Helping each other get started	

**Effect of the session on participants:** please record your observations about what participants have learned, key moments in the session, and any stories of change:

....more space for your notes about the **effect of the session on participants:**

If there any issues or people you need to **follow-up** with, or questions you need to find answers for, please list them here:

Did you **refer anyone to a service**? If so please state how many people, and for what service:

Please note any **concerns** that you have about the session, and any issues discussed with other facilitators:

Have you saved any significant **flip charts**? Put the session number on the back of them and list them here.

Your signature:	Supervisor's signature:	Date:
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