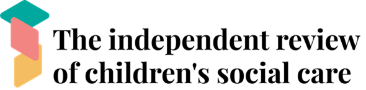


Supporting 

Session monitoring form – Please complete as fully as possible with the number of participants in each category.

|  |
| --- |
|  |

Total Number of participants:

Where the session took place

|  |  |
| --- | --- |
| Online | In Person |
|  |  |

What Activities did you complete and how would you rate them out of 10

(please give a number 1-10 or N/A if you didn’t complete):

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Common Ground |  | Find your pair |  | Egg Drop |  | Lego Metaphors |  | 6 words |  |
| Hot Topics |  | Design a Worker |  | What should care look like? |  | Journey of Care |  | Cliff Edges |  |
| Home is Not a Placement |  | Change 3 things |  | One word at a time |  | News Reporter |  | Low Tech Social Networking |  |

Age of participants:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 0-8yrs | 8-10 | 10-12 | 13-15 | 16-18 | 18-20 | 21+ |
|  |  |  |  |  |  |  |

Gender (as they identify)

|  |  |  |  |
| --- | --- | --- | --- |
| Male | Female | Non-Binary | Other/Undisclosed |
|  |  |  |  |

Ethnicity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Asian | Black | Mixed | White | Other |
|  |  |  |  |  |

Long-term Disability or Health Problem that limits day to day activities (long term being over 12 months)

|  |  |
| --- | --- |
| Yes | No |
|  |  |