Reflective Practice Tool

Name:……………………………………………..Date:………………

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| **What do I do well?** *Talk about all the wonderful things you do. Use photos and childrens wow books to show this as well* |
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| **What is the impact on what I do on outcomes for children**? *How do you make each day fun? What do the children learn? How do you know they are developing well?* |
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| **What do I want to do next?***What are your plans for the next year? What training are you going to do? What resources are you going to purchase?* |
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| **Reflective Partners***Who else do you work with? How do you get feedback? Do you action this feedback?(Parents, Local Authority, Health)* |
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