

Record Sheet & Certificate



Participant _____



Course: _____

Name of Outdoor Learning provider _____

What Outdoor Learning activities have you done?

Outdoor Educator signature _____ Date _____

Use the tick table below to score your skills.

If you have tried a skill some of the time score yourself 1 or 2 ticks.

If you can do a skill most of the time - 3 ticks.

If you show a skill all the time - 4 or 5 ticks.

	Safe	Respect	Learn
Yourself	I was prepared ○○○○ I followed instructions ○○○○	I shared my ideas ○○○○ I said what I'm good at ○○○○	I learnt new facts ○○○○ I learnt new skills ○○○○
Others	I helped with kind words ○○○○ I helped with kind actions ○○○○	I listened to my friends' ideas ○○○○ I said what my friends are good at ○○○○	I learnt to follow ○○○○ I learnt to lead ○○○○
The Environment	I used equipment safely ○○○○ I used the environment safely ○○○○	I used equipment carefully ○○○○ I used the environment carefully ○○○○	I learnt the values ○○○○ I learnt to have fun ○○○○

Ready to Review?

Have you developed **Safety** Skills? Yourself Y / N Others Y / N Environment Y / N

Have you shown **Respect** Skills? Yourself Y / N Others Y / N Environment Y / N

Have you tried **Learning** Skills? ? Yourself Y / N Others Y / N Environment Y / N