

Name of Teacher _____ Class _____

Name of School _____



Teacher Log

Process Evaluation & Economic Evaluation

The teacher log should be completed following the delivery of every 'Active for Life Year 5' lesson. On page 1, a table is available for you to record all members of staff that delivery any aspect of the syllabus. On the pages that follow, one page needs to be completed per lesson delivered.

The information you provide will be very important in evaluating the success of the intervention. At the end of the intervention period the log will be collected by the study team, so please ensure it is kept and completed as fully as possible.

Teaching Log

Please complete a line for every member of staff that has been involved with lesson delivery for the Active for Life Year 5 syllabus.

Staff Name	Position	MPS/leadership scale	Attendance at training day
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

Lesson 1: Fit Check 1

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	

Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Fit Check Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 2: Fit Check 2

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Any other notes:	

Lesson 3: Safe Workout

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	

Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Any other notes:	

Lesson 4: Balance of Good Health

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	

Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Cooking at Home Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 5: Five Foods Countdown

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Any other notes:	

Lesson 6: Five Food Groups

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	

Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Five Food Groups Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 7: Musical Fare

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Any other notes:	

Lesson 8: Keeping the Balance

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	

Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Challenge given out? Bingo Homework	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 9: Three Kinds of Fitness

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Any other notes:	

Lesson 10: Freeze my TV

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	

Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Freeze my TV Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 11: Snack Attack

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Snack Attack Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 12: Bowling for Snacks

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was	

not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Bowling for Snacks Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 13: Think About Your Drink

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

training session (e.g. bottle of cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£_____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Think About Your Drink Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 14: Veggiemania

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class	

have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: 5 A Day Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Any other notes:	

Lesson 15: Brilliant Breakfast

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

which were not supplied at training session (e.g. bottle of cola)?	
If Yes, please provide the cost of any resources not available from school supplies	£_____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Homework: Brilliant Breakfast Homework given out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of homeworks completed	
Quality of homework completed	Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>

Any other notes:	
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Lesson 16: Fit Check

Name of person delivering lesson	
Date lesson delivered	___ / ___ / _____
Number of children present	
Amount of time spent in preparation for the lesson	_____ (mins)
Amount of time spent delivering the lesson	_____ (mins)
Were any resources used which were not supplied at training session (e.g. bottle of cola)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
If Yes, please provide the cost of any resources not available from school supplies	£ _____
Were there any difficulties with the lesson?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:
Were any amendments required to the teaching materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify:

What subject would the class have had if Active for Life was not in your school?	
Name of the person that would have taught this subject	
Would the amount of time in preparation have been	More <input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/>
Any other notes:	

If you have any further comments on the Active For Life Year 5 syllabus, please use the space below: (use lesson numbers when referring to specific lessons)

Thank you!