**Fortnightly Reflective dialogue/professional discussion.**

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| **Student Full Name:** |  | | |
| **Mentor:** |  | **Date:** |  |

*Once complete, please ensure that the trainee and mentor both have a copy of this form.*

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| **The taught sessions this evidence relates to are:**  *(To be completed* ***BEFORE*** *the dialogue by the* ***Trainee****)* |
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| **I can apply what I have learnt to practice by….. reflect on evidence shared:** *(To be completed* ***BEFORE*** *the dialogue by the* ***Trainee*** *to* *describe how the evidence relates to the taught curriculum and the EYFS areas of learning and development where appropriate).* |
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| **Notes on discussion:**  *(To be completed* ***DURING*** *the dialogue by the* ***Mentor****)* |
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