# Reflection sheet for Toolbox No.:

1. General information

Name of the person testing: \_\_\_\_

Name of the group: \_\_\_\_

Number of children: \_\_\_\_

Age of the children: \_\_\_\_

1. Implementation

Have you used the Toolbox several times? 🞏 Yes 🞏 No

If yes: How often? \_\_\_\_

When? 🞏 in the morning 🞏 in the afternoon

🞏 \_\_\_\_

Which exercise did you do?

🞏 Beginners 🞏 Advanced I🞏 Advanced II 🞏 all

Was it easy for you to do the exercises?

🞏 Yes 🞏 No

If not, what was difficult?

\_\_\_\_\_\_\_

1. Reactions of the children

How did the children react to the topic in the toolbox (multiple answers desired)?

🞏 enthusiastic 🞏 interested 🞏 bored 🞏 confused 🞏 \_\_\_\_\_

How did the children react to the exercises? (Multiple answers desired)

🞏 enthusiastic 🞏 interested 🞏 bored 🞏 confused 🞏 \_\_\_\_\_\_

What do the children say after the exercise?

\_\_\_\_\_\_

1. Material/Equipment

Were you able to use material and equipment from our institution for the implementation?

🞏 Yes 🞏 No

If yes: Was the material/equipment sufficiently available?

🞏 Yes 🞏 No

Did you need any further material/equipment?

🞏 Yes 🞏 No

If yes, where did you get the material/equipment?

\_\_\_

1. Suitability

Is the toolbox suitable for our institution in terms of:

Method: 🞏 Yes 🞏 No

Exercises: 🞏 Yes 🞏 No

Material: 🞏 Yes 🞏 No

Target group: 🞏 Yes 🞏 No

How can we integrate the toolbox/exercises into our everyday life or perhaps develop them further?

\_\_\_\_\_\_\_\_

Is the toolbox or its exercises suitable for use by parents at home?

🞏 Yes 🞏 No

What should be considered here?

\_\_\_\_\_\_\_

How can we introduce parents to the toolbox or its exercises?

\_\_\_\_\_\_\_