2008 SEMESTER 1 – SUPERVISED FIELD DAY REPORTS

The Supervised Field Day – Level 1 Reports are downloaded by the pre-service educator from the EDFX111 Blackboard website in preparation for each Supervised Field Day. It is recommended that an additional copy is made of each report for the Pre-service Educator’s own reference.

At the conclusion of each Supervised Field Day the report is to be completed by the Pre-service Educator and countersigned by the appropriate supervising officer.

Supervised Field Days 1, 2:

Each form is to be countersigned and a copy retained by the Early Childhood Professional Experience Officer.

These reports provide evidence for satisfactory progress towards successfully completing Unit EDFX111 – Early Childhood Professional Experience 1.

Supervised Field Days 3 – 9:

Each form is to be countersigned by the Associate Educator or Early Childhood Director and faxed to the Early Childhood Professional Experience Office (Fax. 02 6209 1185). The original is the be retained by the Early Childhood Service Provider.

These reports provide evidence for Early Childhood Payment Claim Forms.

Supervised Field Days 11 & 12:

Each form is to be countersigned and the original retained by the Early Childhood Professional Experience Officer.

These reports provide evidence for satisfactory progress towards successfully completing Unit EDFX111 – Early Childhood Professional Experience 1.

When completed please copy and forward to the Early Childhood Professional Experience Office.
**SEMESTER 1 – SUPERVISED FIELD DAYS 1 & 2 – LEVEL 1 REPORT FORM**

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
<th>Finish</th>
<th>Less Meal break</th>
<th>Total hours</th>
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<tbody>
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</tbody>
</table>

**Field Day 1**

<table>
<thead>
<tr>
<th>TASK UNDERTAKEN AT ACU NATIONAL – CANBERRA</th>
<th>✓</th>
</tr>
</thead>
</table>

**Induction and introduction to e-Portfolios**

- Induction workshop + introduction to e-portfolios
- Attended and actively participated
- Completed reflective journal entry

**Field Day 2**

<table>
<thead>
<tr>
<th>TASK UNDERTAKEN AT ACU NATIONAL – CANBERRA</th>
<th>✓</th>
</tr>
</thead>
</table>

**Child Protection Workshop**

- Child Protection workshop.
- Attended and actively participated
- Completed reflective journal entry

**EARLY CHILDHOOD PROFESSIONAL EXPERIENCE OFFICER::**

<table>
<thead>
<tr>
<th>Name:</th>
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<tr>
<th>Signature</th>
<th>Date</th>
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</table>

I certify that the above tasks were completed:

This form must be submitted to the Early Childhood Office in person by end of the Field Day 2.
**SEMESTER 1 – SUPERVISED FIELD DAY 3 – LEVEL 1 REPORT FORM**

**PRE-SERVICE EDUCATOR**

Name: ______________

**Surname** ______________  **First** ______________

**EARLY CHILDHOOD SERVICE PROVIDER DETAILS:**

Name of setting: ______________

Preferred business phone contact: ______________  Fax: ______________

Preferred e-mail contact: ______________

<table>
<thead>
<tr>
<th>Field Day 3</th>
<th>Start</th>
<th>Finish</th>
<th>Less Meal break</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td></td>
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</tr>
</tbody>
</table>

**TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT**

- **Orientation to service**
  - Detailed Site Description, including: number of staff and children, roles & responsibilities of staff; routines, care-giving systems (primary care-giving, family grouping etc); resources in the setting and community; cultural and community context.
  - Records of participation in identifying children’s feelings and responding appropriately, treating children and their families with respect and sensitivity, meeting children’s physical and emotional needs, maintaining accurate records of any risk of harm to children, and providing a risk free environment.
  - Completed reflective journal entry

**EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:**

Name: ______________

**Surname** ______________  **First** ______________

I certify that the above tasks were completed:

______________________________  ________________________
**Signature**  **Date**

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. These reports provide evidence for Early Childhood Payment Claim Forms.
# SEMESTER 1 – SUPERVISED FIELD DAY 4 – LEVEL 1 REPORT FORM

## PRE-SERVICE EDUCATOR

**Name:**

**Student No.:**

## EARLY CHILDHOOD SERVICE PROVIDER DETAILS:

**Name of setting:**

**Preferred business phone contact:**

**Fax:**

**Preferred e-mail contact:**

## Field Day

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
<th>Finish</th>
<th>Less Meal break</th>
<th>Total hours</th>
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<tr>
<td>4</td>
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</tbody>
</table>

## TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT

**Children’s Health**

- Collect/review policy documents for infection control, safe storage, sun safety.
- Records of participation: clear and specific evidence of own role in following organisational policies, procedures and Regulations; and communication and collaboration with families and staff.
- Observations in reflective journal; critical analysis of own role in adhering to relevant policies, procedures and legislation.
- Observations in reflective journal; description and analysis of own role in caring for babies and participating in play and learning experiences.

## EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:

**Name:**

**Surname**

**First**

I certify that the above tasks were completed:

**Signature**

**Date**

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. These reports provide evidence for Early Childhood Payment Claim Forms.
<table>
<thead>
<tr>
<th>Field Day 5</th>
<th>TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children’s Health</strong></td>
<td>Collect copies of policies and procedures for these areas of children’s health and safety.</td>
</tr>
<tr>
<td></td>
<td>Record of participation: clear evidence of positive participation in centre routines (including nappy change), transitions, play, procedures and policy implementation.</td>
</tr>
<tr>
<td></td>
<td>Observations in reflective journal: critical analysis of own role in applying and implementing policies and procedures.</td>
</tr>
</tbody>
</table>

**EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:**

Name:  
Surname First:  
I certify that the above tasks were completed:  
Signature Date:  

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. These reports provide evidence for Early Childhood Payment Claim Forms.
### SEMESTER 1 – SUPERVISED FIELD DAY 6 – LEVEL 1 REPORT FORM

**PRE-SERVICE EDUCATOR**

Name: 
Surname First: 
Student No: 

**EARLY CHILDHOOD SERVICE PROVIDER DETAILS:**

Name of setting:
Preferred business phone contact: 
Fax: 
Preferred e-mail contact: 

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
<th>Finish</th>
<th>Less Meal break</th>
<th>Total hours</th>
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<tbody>
<tr>
<td>6</td>
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</tbody>
</table>

**Field Day 6 TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT**

**Children’s Safety**

- Collect policies and procedures on these aspects of children’s safety; show links to ACT Children’s Services Regulations and QI&AS.
- Record of participation in identifying/ managing/ reporting risks; keeping equipment safe and clean; supervising children.
- On-going documentation which provides evidence of active engagement with babies and parents/ families at arrival and departure times and the provision of routines which minimise distress at separation.
- Record of participation in all aspects of daily routines and interactions with babies; supervise children when travelling on excursions and ensure they are safe.
- Observations in reflective journal which critically analyses own role in the implementation and application of safety policies. Consider the links to ACT Regulations and QI&AS.

**EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:**

Name: 
Surname First: 
I certify that the above tasks were completed: 

Signature Date: 

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. 
These reports provide evidence for Early Childhood Payment Claim Forms.
## SEMESTER 1 – SUPERVISED FIELD DAY 7 – LEVEL 1 REPORT FORM

### PRE-SERVICE EDUCATOR

**Name:**

**Student No.:**

### EARLY CHILDHOOD SERVICE PROVIDER DETAILS:

**Name of setting:**

**Preferred business phone contact:**

**Fax:**

**Preferred e-mail contact:**

### Field Day Start Finish Less Meal break Total hours

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
<th>Finish</th>
<th>Less Meal break</th>
<th>Total hours</th>
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</thead>
<tbody>
<tr>
<td>7</td>
<td></td>
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</tbody>
</table>

### TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT

<table>
<thead>
<tr>
<th>Work place safety</th>
<th>On-going documentation giving evidence of active engagement with babies.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Record of participation in maintaining records and reporting hazards, incidents etc.</td>
</tr>
<tr>
<td></td>
<td>Observations in reflective journal which analyses and reflects an awareness of legal responsibilities and duty of care obligations. Make clear links to relevant legislation and regulations.</td>
</tr>
</tbody>
</table>

### EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:

**Name:**

**Surname**

**First**

I certify that the above tasks were completed:

**Signature**

**Date**

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. These reports provide evidence for Early Childhood Payment Claim Forms.
## SEMESTER 1 – SUPERVISED FIELD DAY 8 – LEVEL 1 REPORT FORM

### PRE-SERVICE EDUCATOR

**Student No.**

**Name:**

**Surname**  
**First**

### EARLY CHILDHOOD SERVICE PROVIDER DETAILS:

**Name of setting:**

**Preferred business phone contact:**  
**Fax:**

**Preferred e-mail contact:**

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
<th>Finish</th>
<th>Less Meal break</th>
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<tr>
<td>8</td>
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### Field Day 8  
**TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT**

- Collect and review documents relating to policies and procedures.
- Record of participation in identifying and supporting children's individual dietary needs (developmental, cultural, medical etc).
- Record of participation in assisting with menu planning, safe food handling/storage practices, meal preparation and service.
- Observations in reflective journal which demonstrate an understanding of ACT Children's Services Regulations and with links to QI&AS.

### EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:

**Name:**

**Surname**  
**First**

**I certify that the above tasks were completed:**

**Signature**  
**Date**

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. These reports provide evidence for Early Childhood Payment Claim Forms.
# Bachelor of Education (Early Childhood & Primary) Professional Experience

## SEMESTER 1 – SUPERVISED FIELD DAY 9 – LEVEL 1 REPORT FORM

### PRE-SERVICE EDUCATOR

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<th>Name:</th>
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<td>Surname</td>
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### EARLY CHILDHOOD SERVICE PROVIDER DETAILS:

<table>
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<tr>
<th>Name of setting:</th>
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<tbody>
<tr>
<td>Preferred business phone contact:</td>
<td>Fax:</td>
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<tr>
<td>Preferred e-mail contact:</td>
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### Field Day 9

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
<th>Finish</th>
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<td>9</td>
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</table>

### TASK UNDERTAKEN AT EARLY CHILDHOOD PLACEMENT

<table>
<thead>
<tr>
<th>Accidents and Emergencies</th>
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</thead>
<tbody>
<tr>
<td>Collect information about policies and procedures relating to illnesses, storage and administration of medications, accidents, emergencies and threatening situations.</td>
<td></td>
</tr>
<tr>
<td>Record of participation in responding to illness, accidents and emergencies and maintaining appropriate documentation.</td>
<td></td>
</tr>
<tr>
<td>Observations in reflective journal which demonstrate knowledge and understanding of relevant legislation and links to QI&amp;AS.</td>
<td></td>
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</tbody>
</table>

### EARLY CHILDHOOD ASSOCIATE EDUCATOR / DIRECTOR:

<table>
<thead>
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<tr>
<td>10</td>
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**Task Undertaken at Early Childhood Placement**
- Completion of outstanding tasks.
- Recording ongoing participation in the day’s routine activities and maintaining appropriate documentation.
- Observations in reflective journal which demonstrate knowledge and understanding of relevant legislation and links to QI&AS.

**Early Childhood Associate Educator / Director:**

Name:  
Surname First

I certify that the above tasks were completed:

Signature Date

This form must be faxed to the Early Childhood Office (02 6209 1185) by end of the Field Day. These reports provide evidence for Early Childhood Payment Claim Forms.
# SEMESTER 1 – SUPERVISED FIELD DAYS 11 & 12 – LEVEL 1 REPORT FORM

<table>
<thead>
<tr>
<th>PRE-SERVICE EDUCATOR</th>
<th>Student No.</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Surname</td>
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<td></td>
<td>First</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Field Day</th>
<th>Start</th>
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<th>Less Meal break</th>
<th>Total hours</th>
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<tr>
<td>12</td>
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</tbody>
</table>

**Field Day 11**  
**TASK UNDERTAKEN AT ACU NATIONAL – CANBERRA**

- e-Portfolios presentation and reflective practice workshop  
  - Attended and actively participated  
  - Completed reflective journal entry

**Field Day 12**  
**TASK UNDERTAKEN AT ACU NATIONAL – CANBERRA**

- Preparation for Block Practicum  
  - Attended and actively participated  
  - Completed reflective journal entry

**EARLY CHILDHOOD PROFESSIONAL EXPERIENCE OFFICER::**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Surname</th>
<th>First</th>
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</table>

I certify that the above tasks were completed:

**Signature**  
**Date**

This form must be submitted to the Early Childhood Office in person by end of Field Day 12.