

My Daily UV Record



Student Worksheet
WS_003

Learning Intention:


To wear a UV reactive bracelet for a whole school day and record the presence of UV during various activities to assess safety for Little Ted.

Success Criteria:

I can observe and record information
I can review this data to make an assessment

Name:.....Day of the week.....

Activity	Is this activity safe for Little Ted? (safe/unsafe)	Describe your finding (what makes it safe or unsafe?)
Travelling to school		
Hanging up my coat and bag		
Playing at break time		
Sitting at my desk in classroom		
Eating lunch		
Taking part in PE		

Extension question  (continue over page)

Q). What after school activities do you do? Would Little Ted be able to take part safely? Would he have to wear his protective clothes, would that make it difficult or uncomfortable?

A)

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