

GROUP:		NUMBER OF CHILDREN:		NUMBER OF SUPERVISORS		DATE: FROM.....TO.....	
NAME CHILD		OBSERVATION	WELL-BEING INVOLVEMENT	NAME CHILD		OBSERVATION	WELL-BEING/ INVOLVEMENT
1			<input type="radio"/> WB <input type="radio"/> BT	6			<input type="radio"/> WB <input type="radio"/> BT
2			<input type="radio"/> WB <input type="radio"/> BT	7			<input type="radio"/> WB <input type="radio"/> BT
3			<input type="radio"/> WB <input type="radio"/> BT	8			<input type="radio"/> WB <input type="radio"/> BT
4			<input type="radio"/> WB <input type="radio"/> BT	9			<input type="radio"/> WB <input type="radio"/> BT
5			<input type="radio"/> WB <input type="radio"/> BT	10			<input type="radio"/> WB <input type="radio"/> BT