

# JSO Activity Reporting Form



**Please complete this form after each event/activity completed**

<b>School</b>				
<b>Date</b>		<b>Press attend</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no
<b>PCSO</b>	<input type="checkbox"/> yes	<input type="checkbox"/> no	<b>Fire Crew</b>	<input type="checkbox"/> yes <input type="checkbox"/> no

Please enter the numbers of children involved below

<b>EYFS</b>		<b>KS1</b>		<b>KS2</b>	
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Please tick which event/activity that you covered

Cycling	<input type="checkbox"/>	In car safety	<input type="checkbox"/>	Pedestrian	<input type="checkbox"/>
Be Safe, Be Seen	<input type="checkbox"/>	Matches and Lighters	<input type="checkbox"/>	Stop, Drop & Roll	<input type="checkbox"/>
Fire Escape Plans	<input type="checkbox"/>	Smoke Alarms	<input type="checkbox"/>	Carbon Monoxide	<input type="checkbox"/>
Twilight Trails	<input type="checkbox"/>	Seatbelt Sherriff	<input type="checkbox"/>	Schools Parking	<input type="checkbox"/>

How did you carry out the event/activity

Campaign	<input type="checkbox"/>	Assembly	<input type="checkbox"/>
Competition	<input type="checkbox"/>	Other	<input type="checkbox"/>

How did your event go? Tell us about it.