fountainhead IBDP CAS - SUPERVISOR REVIEW FORM

school
Student Name: SHLOKA A SOLANKI
Name of the activity: YOGA & MEDITATION
Duration of the pativity: 2 % Yas
Start date: End date: Cont.
Place where activity was conducted: My Studio - Her Itemse
Was risk assessment done before the start of the activity? Yes / No
If "Yes" how was it changed or handled?
Supervisor Name: Mrs. Kajal Parekh
Contact number: 98199 - 12214 Supervisor's email id: Kt. pareth 2008 @ grnail . com
Contact number: 401/11 17-19 Supervisor's entailed.
Number of hours spent by student: 4 hours WK
Attendance: 93 %
Effort: Commitment:
Supervisor's comments:
She is very active, enthusiastic and hard
working Her stemine and flexibility has improved
She is very active, enthusiastic and hard working ther stemine and flexibility has improved a lot over the period of 2 years.
Activity status: Completed [] Not completed [V] - Still doing 3-4 day WL
Supervisor signature: Rafal alus W
Student signature: Date: 15 02 23