



SOWED Kenya

REMOTE REPORTING FORM

Activity Details

Name of Activity Coordinator: _____ Signature: _____ Activity Venue: _____

Session Covered: _____ Date: _____

Participant Details

Total Number of Participants: _____ Number of Males: _____ Number of Females: _____

Designation of Participants: _____ Date: _____

Activity Feedback and Review

Provide a brief description of the activity: _____

Achievements: _____

Did you experience any Challenges: _____

What Kind of Support do you need: _____

Verified by Head Teacher/DHT: _____ Signature and Stamp: _____ Date: _____