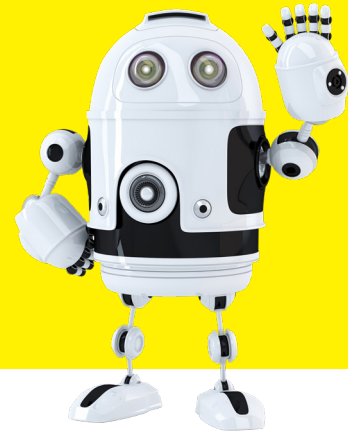


LEARN TO SPEAK ROBOT



Please tick this box when you have completed the challenge

You will have completed the challenge when you have finished **4 Challenge activities**.

Information for your School Challenge Coordinator

Your full name _____

Your teacher _____

Room number _____

Information to be collected from all schools

Your gender _____

Your level _____



Please give your completed form to your school's Challenge Coordinator two weeks before the end of Term 3 so your record can be entered before the Challenge deadline.



Schools are asked to **retain all Coding Record forms** in accordance with their school's record keeping policy.