

# Planning Form

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## GOAL:

Who? \_\_\_\_\_

Does what? \_\_\_\_\_

Where? \_\_\_\_\_

How well or how often? \_\_\_\_\_

By when (target completion date for the goal)? \_\_\_\_\_

## ACTIVITY:

Consider:

- the child's special interests
- ways to make the activity sensitive to the child's culture and home language
- the appropriate level of difficulty
- adaptive equipment

When? (Circle one)

Free play    Group    Small Group    Transition    Meal/Snack  
Outdoors    Home visit    Other: \_\_\_\_\_

Where? \_\_\_\_\_

What props/materials are needed? \_\_\_\_\_

Who will be involved? \_\_\_\_\_

What is the role of the adult? \_\_\_\_\_

What data will be collected and how will it be recorded? \_\_\_\_\_

\_\_\_\_\_

## REFLECTION (to be completed following the lesson):

How would you modify this activity if you were to repeat it? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_