

PLANNING FORM FOR LEARNING EXPERIENCES

EDU 203/EDU 204 CHILD CARE CURRICULUM DEVELOPMENT FIELD EXPERIENCE 1 AND 2

Student's Name: _____

School's Cooperating Teacher: _____

Date Experience will be presented: _____ Name of Activity: _____

Field Supervisor's Signature _____

*****Plan, show and discuss this learning experience plan with your cooperating teacher well before you present it. Get his/her input and suggestions as you finalize this activity.**

Signature of cooperating teacher _____ Date you were shown completed plan _____

DESCRIPTION OF THE EXPERIENCE

Curriculum Area

Objectives: The children will learn:
1.
2.
3.

Number of children preferred _____

Location _____

Estimated length of time _____

C. List <u>all</u> materials and or equipment/ books you will use	Quantity needed (where applicable)	Source (where you got it) for ex. handmade, library, placement classroom, home, store, etc.)

Procedure to be followed

Introduction (what will you **say and do** to motivate the children) This **must** include a visual element : picture, puppet, prop...

Step-by-step process of activity/experience.

Questions

Plan of possible questions (connect them to your objectives)	Mark C for convergent and D for divergent (must have at least 2 of each)

How will you assess whether or not your students met your objectives?

SELF EVALUATION (Be sure to complete before asking your cooperating teacher to complete his/her evaluation.)

Did you meet your objectives? Why or why not?

How/why did you change your plans as you implemented them?

If you were doing it again, what would you do differently?

How could/will you follow-up/extend the activity?

Teacher's Evaluation Comments/Signature

Things that went well:

Areas to think about:

Cooperating Teacher's Signature _____ Date _____

