

# PLANNING ACTIVITIES

NAME OF ACTIVITY: \_\_\_\_\_

Rationale of planned activity: \_\_\_\_\_

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Date for planned activity: \_\_\_\_\_ Number of children: \_\_\_\_\_

Age of children: \_\_\_\_\_

Special needs of children: \_\_\_\_\_

Area of development activity supports:  gross motor  fine motor

Social  emotional  intellectual/cognitive  speech/language

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Materials and supplies needed: \_\_\_\_\_

Preparation needed: \_\_\_\_\_

When activity is to be introduced and why: \_\_\_\_\_

\_\_\_\_\_

New language/vocabulary introduced: \_\_\_\_\_

Possible "extenders" of this activity: \_\_\_\_\_

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Anticipated responses of child(ren): \_\_\_\_\_

\_\_\_\_\_

## **Evaluation of activity**

a) What was successful and why: \_\_\_\_\_

\_\_\_\_\_

b) What was different than expected, and why: \_\_\_\_\_

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