

Classroom: _____
 Rule Review: _____

Theme: _____
 Drill/Date/Time: _____

Individual Goals Addressed

<u>LANGUAGE/LITERACY DEV</u>	<u>SOCIAL/EMOTIONAL</u>	<u>APPROACHES TO LEARNING</u>
<u>COGNITION</u>	<u>PERCEPTUAL, MOTOR, AND PHYSICAL DEVELOPMENT</u>	<u>TECHNOLOGY</u>
<u>PARENT GOAL</u>	<u>IFSP</u>	<u>OTHER (NUTRITION, SAFETY, ETC.)</u>

Small Group List

Group 1: Group 2: Group 3:

Plans for the week of:

Activity	Monday	Tuesday	Wednesday	Thursday	Friday
<u>Meal Times</u> Conversation (Comp) Transition					
<u>Group</u> Activity/story (Comp) Follow up to story Transition					
<u>Small Group</u> Activity (Comp) Transition					
<u>Free Choice</u> Activity (Comp) Transition					
<u>Group</u> Activity (Comp) Transition					
<u>Outside</u> Activity (Comp) Transition					