

CREATIVE CURRICULUM

WEEKLY PLANNING FORM (HS) (A.M.) Class #

P.R:	MONDAY Date:	TUESDAY Date:	WEDNESDAY Date:	THURSDAY Date:	FRIDAY Date:
Group/Circle Time (Discussion, Calendar, Days of Week, Colors, Numbers, Shapes, Alphabet, Safety)					
Small Motor (3-8 children)					
Creative Art Materials					
Wellness/IMIL					
Book					
Music					
Finger Play					
Large Motor (Outdoor/Indoor)					
Quiet Activities					
Special Activities					

Evaluation:

- ___ Changes in the Environment
- ___ Variety of Child/Teacher Directed
- ___ Variety of Methods Used: ___ Story Time ___ Gross Motor ___ Circle Time
- ___ Large/Small Group Time
- ___ All Domains Covered
- ___ Daily Wellness/IMIL Activities Listed
- ___ Person Responsible Listed
- ___ IEP Goals
- ___ Second Steps Curriculum
- ___ Letter of week

COMMENTS:

Head Check Date: _____

Supply Request Attached YES ___ NO ___

Center Manager: _____

Volunteer Signature: _____

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