Activity Plan Form

Note: You must complete this form and have it signed by the lab site classroom teacher before you can do the activity with the children.

Name ______________________________ Professor
____________________ Course __________________

Date _______ Activity ___________________________________________ Age of
Children_________

Purpose/Goal of Activity:

________________________________________________________________________________

____________________________________________________________________

Small Group Size: _______ Location (table, outside, a center, etc.) ___________

Objectives: (descriptions of specific learning, in 5-7 words)

1. The child will be able to:
2. The child will be able to:
3. The child will be able to:

Materials Needed: (Be specific—you must provide materials or make sure the lab site has them available for you to use BEFORE the activity)

________________________________________________________________________________

____________________________________________________________________

Procedure for activity: Include your setup, then a short transition into the activity, how you will introduce the activity and each step of what you will do. Include 2 or 3 open-ended questions you can ask the children during the activity.
Lab Site Teacher Activity Assessment
To be completed by the lab site classroom teacher who was present at the activity

<table>
<thead>
<tr>
<th>PLEASE CHECK THE MOST APPROPRIATE BOX FOR EACH AREA BELOW:</th>
<th>WEAK 1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>STRONG 5</th>
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<tbody>
<tr>
<td>Student was prepared</td>
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<td>Activity was age-appropriate</td>
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<td>Student was on time</td>
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<td>Children were involved and engaged</td>
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<td>Student asked children appropriate questions and conversed with children</td>
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<td>Student provided transition into activity and introduced activity to children</td>
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</tbody>
</table>

Areas of Strength:    Areas of Improvement for Student:

Date________________ Lab Site Classroom Teacher Signature: __________________________

__________________________________________________________________________________

___________________________

Student Activity Assessment (To be completed by student AFTER activity)

How do you feel the activity went?

What would you do differently?