



Planning Form

Student's Name:

Age Group:

Date:

Date(s) of Implementation:

Type of Experience *(Please highlight or circle)*

Small Group Experience (identify):

Large Group Experience

Invitation/Provocation-Based Learning Area (identify):

*See the 'how-to' guides to understand the planning process and expectations.

*The following is to be completed **before** the implementation:*

Observe and Record

What did you observe? Compile your observations here.

Do

What will you do? Include details relevant to the type of experience.

What is your role in engaging the learners?

How does your plan support How Does Learning Happen? Discuss a minimum of 2 foundations. OR How does your plan support the Kindergarten Program? Discuss a minimum of 2 frames.

How will you ensure your plan reflects equity, diversity and inclusion?

Practicum 2 and 3

What do you predict children might do? How might you adapt?



Post-Implementation Reflection

To be completed *after* the implementation.

Include reference to the four foundations of HDLH—Belonging, Well-being, Engagement and Expression OR the four frames of the Kindergarten Program – Belonging & Contributing, Self-regulation & Well-being, Demonstrating Literacy & Mathematical Behaviours and Problem Solving & Innovating.

Did the experience go as planned? Reflect on why or why not.

What did you learn about the children's development (PCCES) and the environment?

What additional resources or research did you use to plan and implement the experience?

What thoughts, ideas and feedback did you receive from children? (verbal/non-verbal) How might you use those moving forward?

What did you learn about yourself as an educator (supporting children)?

Placement Mentor's Feedback/Suggestions for Further Growth:

Placement Mentor's/Educator's Name:

Placement Mentor's/Educator's Signature:

Date:

Please use this space to write your feedback and suggestions for further growth:

11/23/2021