

# **SUNY Orange Early Childhood Program**



## **Thematic Week Plan including Lead Day Specifics**

Name \_\_\_\_\_

Date \_\_\_\_\_

Field Site \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_

## Plans for Week-long Classrooms Centers

THEME \_\_\_\_\_

Depending upon your classroom's typical routine, you may not have to provide all of these OR there may be additional areas you need to add. Discuss with your Lead Teacher which would be most appropriate.

Curricular Area	Objectives	Materials	Procedure
Literacy			
Math			
Science			
Dramatic Play			
Sensory Table			

## Daily Plans

Depending upon your classroom's typical routine, you may not have to provide all of these OR there may be additional areas you need to add. Discuss with your Lead Teacher which would be most appropriate.

	MON	TUES	WED	THURS	FRI
Read Aloud					
Activity/Game					
Gross Motor Activity					
Music/ Movement					
Art					
Environmental Changes					

## Daily Schedule Specifics for Lead Day

**This schedule must:**

- reflect the day you will be Lead Teacher;
- be flexible enough to accommodate the needs of all children;
- include snacks, meals, nap and rest times, indoor and outdoor playtime, learning activities, other activities as needed.

Time	Program Activities	Person(s) in Charge
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		
____ AM ____ : ____ PM		

## CHANGES TO THE ENVIRONMENT

For each area listed, and for any others you care to add, explain how you changed each to integrate with the theme.

DISPLAYS (Bulletin Boards or other)

BLOCKS

HOUSEKEEPING/DRAMATIC PLAY

SENSORY TABLE

**MATERIALS** - List below any materials necessary for your Lead Teacher Day's activities.

<u>Materials you prepared</u>	<u>Materials/Resources produced by others:</u>

## LEAD DAY SMALL GROUP ACTIVITY SPECIFICS -

Activity \_\_\_\_\_

Objectives:

Introductory Statement(s) or Action(s): (Attention-getter – must include a visual)

Step by step process of activity/experience:

LEAD DAY WHOLE GROUP ACTIVITY SPECIFICS - this might include calendar time or circle time (include this sheet for each of the whole group times during your session).

Activity \_\_\_\_\_

Objectives:

Introductory Statement(s) or Action(s): (“Attention-getter” – must include a visual)

Step by step process of activity/experience:



SELF EVALUATION - Reflect on the following questions/statements:

1. What is your overall reaction to your total Lead Teaching day?

1. What do you feel were the strongest parts?

2. Where is there room for improvement?

3. What response(s) did the children have that indicated they:
  - a) understood or misunderstood the concepts you presented?
  - b) understood or misunderstood the directions you gave?
  - c) were or were not actively involved?
4. What learning standards were accomplished? Give specifics according to The NYS Learning Standards guidelines.
5. How effectively did you set limits? Why? Give examples.
6. How effectively did you follow through? Why? Give examples.

7. Rate yourself using the scale below on the following. Add any written comments to clarify.

	LOW				HIGH
	1	2	3	4	5
_____a)					
	I enjoyed my Lead Teaching Day				
_____b)					
	I was adequately prepared				
_____c)					
	I saw evidence that children understood				
_____d)					
	I felt comfortable most of the time				
_____e)					
	I managed transitions well				

Please give your Cooperating Teacher this entire packet after you have done the self-evaluation. She or he should add any other comments on this page.

## COOPERATING TEACHER'S EVALUATION

Please comment on the student teacher's Lead Teaching Day. You may also respond to the self-evaluation, and add any pertinent observations for our information.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Cooperating Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_