

Teacher: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Curriculum Plans: Documentation	YES	N/I	NO	Notes
TSG Weekly Planning Form is completed for the week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Individualized Child Goals updated in Child Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activities are clearly planned and individualized around children's goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are routines and experiences evident in the lesson plan? (infant/toddler)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the Study evident in the lesson plan? (preschool)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Curriculum Plans: Weekly Planning				
There is evidence of planning for exploration in:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Literacy/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Creative Arts - focused on the process of creating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Facilitated Movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Nutrition Activity/Food Experience - Eat, Play, Grow (nutrition 1x/week, food experience 1x/month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preschool/Lessons/Activities:				
• Mental Health (1x/week)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Dental Health (1x/month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Health and Safety (1x/month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Personal Safety (1x/month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Pedestrian Safety (1x/month)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• DAP large group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• A variety of free choice/small group activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Yes – evidence is clear; N/I – Needs Improvement – evidence is not clear/specific; No – no evidence