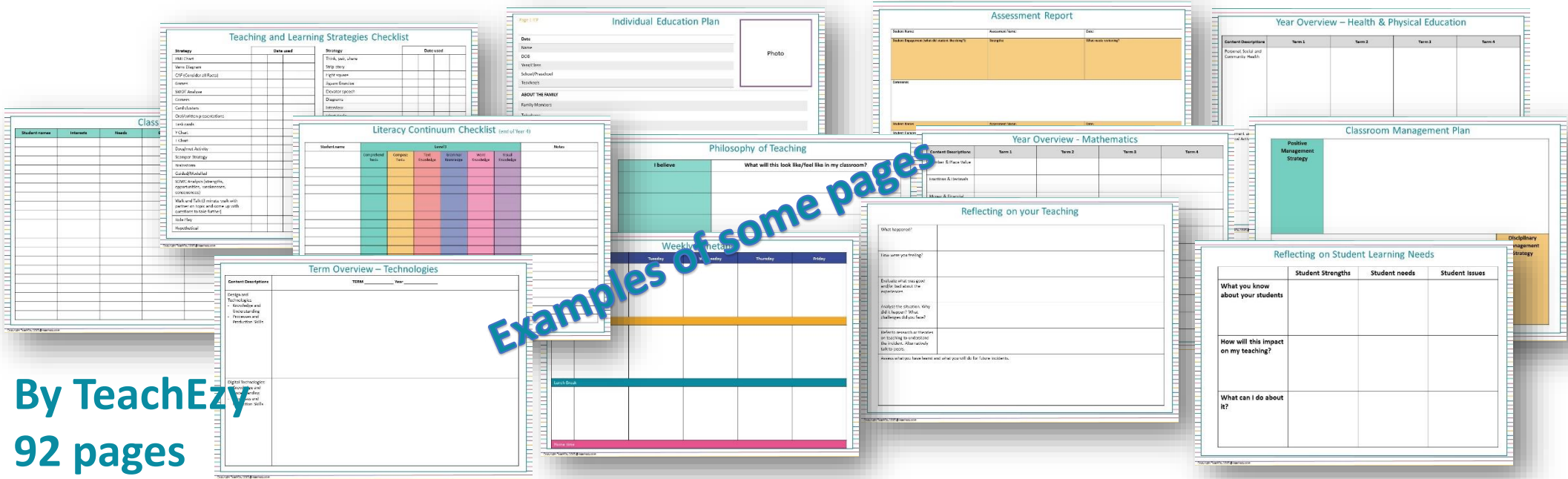


Programming Templates

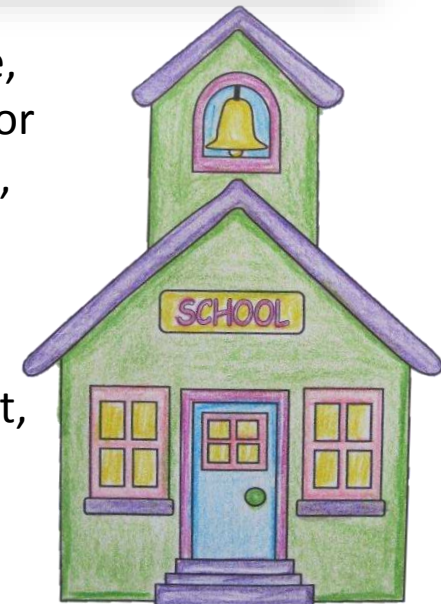
Editable PDF or PowerPoint



By TeachEzy
92 pages

Includes: Program cover page, philosophy of teaching template, class profile template, class contact template, planning tools, year overview for all subjects Australian Curriculum, weekly timetable, daily timetable, various unit plans, unit evaluation, assessment table, self-assessment rubric for students, classroom management plan, literacy and numeracy continuum checklist Australian Curriculum, individual education plan templates, assessment planning, assessment recording, homework policy, teaching and learning strategies checklist, lesson transition checklist, Reflection templates, and goal setting templates.

Suitable for Australian Teachers



How to use this resource?

This resource is available in PDF format or PowerPoint. Both resources are editable but editing the PDF requires Adobe Acrobat and knowledge in using it. If you don't want to change the font or size, then the PDF is simply a case of typing in the form fields provided. Alternatively, you can print out the pages you want and fill them in with pen. Choose the format you are most familiar with. This purchase allows you access to the PowerPoint version FREE by emailing teachezy@bigpond.COM

Changes to resource as at 15th February, 2016:

- Pages 27 & 28 - text now scrolls if you add more than what will fit in text box.
- Page 29, 30, 31 & 33 - writing now set to left and scrolled.
- Page 80 - notes now scroll in case you wish to add more detail.

- As soon as you download this resource – please “save as” so that you have an original copy and then a working copy. So, if your name is Sarah, then “save as” Sarah Programming templates. This will ensure you can go back to the original resource if you wish...so, you will have 2 copies.
- The PDF version has fillable sections – these are highlighted. Just click on the highlighted area and start typing. The highlighting will not display when you print.
- I have provided many pages – you will not use the resource in its entirety. Just delete the pages you do not want. Many schools have a way to program, so if you are new to a school, check their requirements first. It is impossible to make a program to suit everyone, so this resource is fully editable. If you are making lots and lots of changes, I suggest you use the PowerPoint version.
- This resource can be displayed on a IWB, so make sure you add any hyperlinks to your programming so that you can just click straight from the board.
- The font used is Calibri and the sizing is set between 10 to 12 point. This can be changed to suit if you have Adobe Acrobat.
- PLEASE NOTE: If you add enough text for the text boxes to scroll, the scrolled area WILL NOT print. You will need to either change the font size or if you prefer, use our PowerPoint version. If you have purchased this resource, the PowerPoint is FREE OF CHARGE by emailing teachezy@bigpond.com

Disclaimer: As mentioned before, programming varies between countries, states and schools. This program is not the only way and does not include everything that is required in your program. It has been created simply to provide you with some templates to work with.

Teaching Program

School:

School Address:

Class:

Year:



Philosophy of Teaching

What do you include?

Everything you believe in or value will impact what happens in the classroom. You need to be aware of these beliefs and be able to reflect on them honestly and fairly given you will be dealing with students, families and other staff with different beliefs to you. Your philosophy needs to include how you believe children learn best; what your role is as a teacher; what role families play; and what knowledge you consider important.

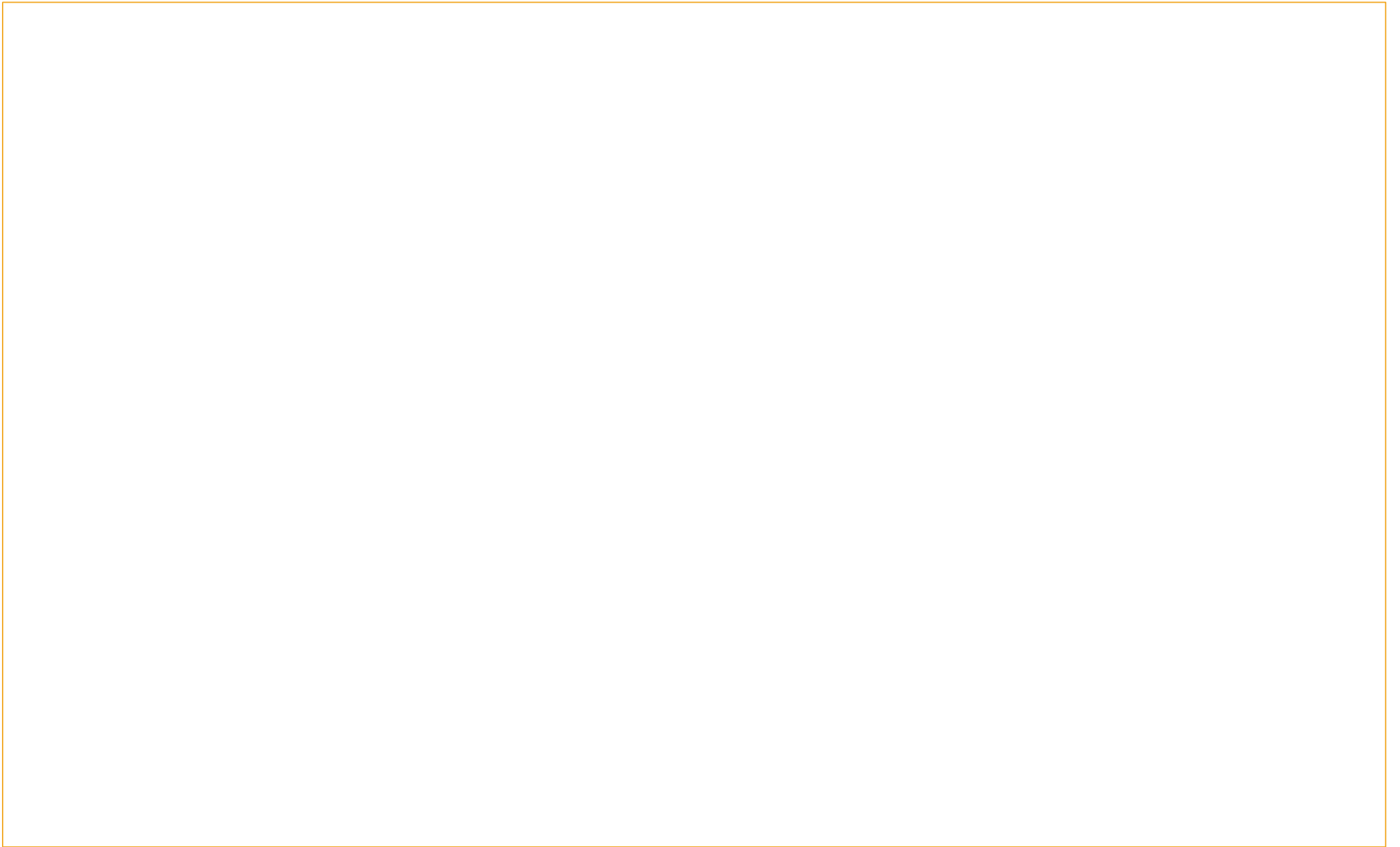
Putting your philosophy down on paper will allow you to be aware of what this will look like in the classroom and help you to clarify your understanding of such a complex job as teaching.

You could list your beliefs and then articulate how this would look in the classroom, e.g.

I believe students need to believe in their ability to learn (your belief)...SO...I will set up my classroom to feel safe and nurturing where students are supported to take risks and their contribution to the class will be valued (what it will look like in the classroom).

It may help to take a look at Brian Cambourne's work or simply check out the teaching philosophy examples from universities.

Philosophy of Teaching



Philosophy of Teaching

| I believe | What will this look like/feel like in my classroom? |
|-----------|---|
| | |
| | |
| | |
| | |
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| | |
| | |

Planning – Getting your head in the space

What are you wanting your students to achieve this year/term? Skills, attitudes, concepts, etc.

How are you going to set up the learning space and routines to achieve what you plan?

Why do they need to achieve these skills, attitudes and more? Because of curriculum requirements, social environment, community expectations, etc.

What resource will you need to make this happen?

Planning – Getting your head in the space

What do you need to consider?

| | | | |
|--|--|---|---|
| Syllabus requirements (outcomes): | The community the school is situated in: | Scope and Sequence: | Topics or themes to be covered: |
| Student needs (special needs, language): | Student interests: | Resources needed (e.g. hearing specialist, OT, etc.): | Cultural activities, beliefs, celebrations: |
| Goals (teacher and student): | Classroom layout, seating, routine: | Teaching and assessment strategies: | Class profile: |

Classroom Plan

Simply resize the rectangle to the shape of your classroom and add your plan such as seating arrangement, work areas, etc.



Classroom Plan

What do I need to do or include in my class?

| | | |
|---|--|---|
| Classroom plan (seating area for whole class work, reading corner, etc.): | Literacy resources (pens, books, book covers, etc.): | Maths resources (books, manipulatives, calculators, etc.): |
| Art resources (paints, paper, brushes etc.): | Books: | Wall displays: |
| Science Resources (weights, containers, etc.): | Learning spaces: | Hanging space across room for displays: |
| Fast finisher activities: | Classroom management and rules: | Digital technologies (iPads, chargers, software, camera, etc.): |
| Desk tags/bag labels: | Welcome poster: | Other: |

Year Overview

| Subject | TERM 1 | TERM 2 | TERM 3 | TERM 4 |
|-------------------------------|--------|--------|--------|--------|
| English | | | | |
| Mathematics | | | | |
| Science | | | | |
| Humanities & Social Sciences | | | | |
| Dance | | | | |
| Drama | | | | |
| Media Arts | | | | |
| Music | | | | |
| Visual Arts | | | | |
| Design & Technologies | | | | |
| Digital Technologies | | | | |
| Health and Physical Education | | | | |
| Languages | | | | |

Year Overview - English

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|----------------------|--------|--------|--------|--------|
| Language | | | | |
| Literature | | | | |
| Literacy | | | | |

Year Overview - English

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|----------------------|--------|--------|--------|--------|
| Reading & Phonics | | | | |
| Writing | | | | |
| Spelling | | | | |
| Speaking & Listening | | | | |

Year Overview - Mathematics

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|--------------------------|--------|--------|--------|--------|
| Number & Algebra | | | | |
| Measurement & Geometry | | | | |
| Statistics & Probability | | | | |

Year Overview - Mathematics

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|--------------------------------------|--------|--------|--------|--------|
| Number & Place Value | | | | |
| Fractions & Decimals | | | | |
| Money & Financial Matters | | | | |
| Patterns & Algebra | | | | |
| Using Units of Measurement | | | | |
| Shape | | | | |
| Location & Transformation | | | | |
| Geometric Reasoning | | | | |
| Data Representation & Interpretation | | | | |
| Chance | | | | |

Year Overview – The Arts

| Subject | Term 1 | Term 2 | Term 3 | Term 4 |
|-------------|--------|--------|--------|--------|
| Dance | | | | |
| Drama | | | | |
| Media Arts | | | | |
| Music | | | | |
| Visual Arts | | | | |

Year Overview – Science

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|------------------------------|--------|--------|--------|--------|
| Science Understanding | | | | |
| Science as a Human Endeavour | | | | |
| Science Inquiry Skills | | | | |

Year Overview – Science

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|---|--------|--------|--------|--------|
| Biological Science | | | | |
| Chemical Science | | | | |
| Earth & Space Science | | | | |
| Physical Science | | | | |
| Nature & Development of Science | | | | |
| Use & Influence of Science | | | | |
| Questioning & Predicting | | | | |
| Planning & Conducting | | | | |
| Processing & Analysing Data and Information | | | | |
| Evaluating | | | | |
| Communication | | | | |

Year Overview – Humanities & Social Science

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|---|--------|--------|--------|--------|
| Inquiry & Skills <ul style="list-style-type: none">- Questioning- Researching- Analysing- Evaluating & Reflecting- Communicating | | | | |
| Knowledge & Understanding HISTORY | | | | |
| Knowledge & Understanding GEOGRAPHY | | | | |

Year Overview – Technologies

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|--|--------|--------|--------|--------|
| <p>Design and Technologies</p> <ul style="list-style-type: none">- Knowledge and Understanding- Processes and Production Skills | | | | |
| <p>Digital Technologies</p> <ul style="list-style-type: none">- Knowledge and Understanding- Processes and Production Skills | | | | |

Year Overview – Health & Physical Education

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|---------------------------------------|--------|--------|--------|--------|
| Personal, Social and Community Health | | | | |
| Movement and Physical Activity | | | | |

Year Overview – Health & Physical Education

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|--|--------|--------|--------|--------|
| Personal, Social and Community Health | | | | |
| Being healthy, safe and active | | | | |
| Communicating and interacting for health and wellbeing | | | | |
| Contributing to healthy and active communities | | | | |
| Movement and Physical Activity | | | | |
| Moving our body | | | | |
| Understanding movement | | | | |
| Learning through movement | | | | |

Year Overview – Languages

| Content Descriptions | Term 1 | Term 2 | Term 3 | Term 4 |
|----------------------|--------|--------|--------|--------|
| | | | | |

Term Overview

| Subject | TERM _____ Year _____ |
|-------------------------------|-----------------------|
| English | |
| Mathematics | |
| Science | |
| Humanities & Social Sciences | |
| Dance | |
| Drama | |
| Media Arts | |
| Music | |
| Visual Arts | |
| Design & Technologies | |
| Digital Technologies | |
| Health and Physical Education | |
| Languages | |

Term Overview

| Subject | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|-------------------------------|--------|--------|--------|--------|--------|
| English | | | | | |
| Mathematics | | | | | |
| Science | | | | | |
| Humanities & Social Sciences | | | | | |
| Dance | | | | | |
| Drama | | | | | |
| Media Arts | | | | | |
| Music | | | | | |
| Visual Arts | | | | | |
| Design & Technologies | | | | | |
| Digital Technologies | | | | | |
| Health and Physical Education | | | | | |
| Languages | | | | | |

Term Overview

| Subject | Week 6 | Week 7 | Week 8 | Week 9 | Week 10 |
|-------------------------------|--------|--------|--------|--------|---------|
| English | | | | | |
| Mathematics | | | | | |
| Science | | | | | |
| Humanities & Social Sciences | | | | | |
| Dance | | | | | |
| Drama | | | | | |
| Media Arts | | | | | |
| Music | | | | | |
| Visual Arts | | | | | |
| Design & Technologies | | | | | |
| Digital Technologies | | | | | |
| Health and Physical Education | | | | | |
| Languages | | | | | |

Term Overview –English and Mathematics

| Subject | TERM _____ Year _____ |
|-------------|-----------------------|
| English | |
| Mathematics | |

Term Overview - English

| Content Descriptions | TERM _____ Year _____ |
|----------------------|-----------------------|
| Language | |
| Literature | |
| Literacy | |

Term Overview - English

| Content Descriptions | TERM _____ Year _____ |
|----------------------|-----------------------|
| Reading & Phonics | |
| Writing | |
| Spelling | |
| Speaking & Listening | |

Term Overview - Mathematics

| Content Descriptions | TERM _____ Year _____ |
|--------------------------|-----------------------|
| Number & Algebra | |
| Measurement & Geometry | |
| Statistics & Probability | |

Term Overview - Mathematics

| Content Descriptions | TERM _____ Year _____ |
|--------------------------------------|-----------------------|
| Number & Place Value | |
| Fractions & Decimals | |
| Money & Financial Matters | |
| Patterns & Algebra | |
| Using Units of Measurement | |
| Shape | |
| Location & Transformation | |
| Geometric Reasoning | |
| Data Representation & Interpretation | |
| Chance | |

Term Overview – The Arts

| Subject | TERM _____ Year _____ |
|-------------|-----------------------|
| Dance | |
| Drama | |
| Media Arts | |
| Music | |
| Visual Arts | |

Term Overview – Science

| Content Descriptions | TERM _____ Year _____ |
|------------------------------|-----------------------|
| Science Understanding | |
| Science as a Human Endeavour | |
| Science Inquiry Skills | |

Term Overview – Science

| Content Descriptions | TERM _____ Year _____ |
|---|-----------------------|
| Biological Science | |
| Chemical Science | |
| Earth & Space Science | |
| Physical Science | |
| Nature & Development of Science | |
| Use & Influence of Science | |
| Questioning & Predicting | |
| Planning & Conducting | |
| Processing & Analysing Data and Information | |
| Evaluating | |
| Communication | |

Term Overview – Humanities & Social Science

| Content Descriptions | TERM _____ Year _____ |
|---|-----------------------|
| <p>Inquiry & Skills</p> <ul style="list-style-type: none">- Questioning- Researching- Analysing- Evaluating & Reflecting- Communicating | |
| <p>Knowledge & Understanding HISTORY</p> | |
| <p>Knowledge & Understanding GEOGRAPHY</p> | |

Term Overview – Technologies

| Content Descriptions | TERM _____ Year _____ |
|--|-----------------------|
| <p>Design and Technologies</p> <ul style="list-style-type: none">- Knowledge and Understanding- Processes and Production Skills | |
| <p>Digital Technologies</p> <ul style="list-style-type: none">- Knowledge and Understanding- Processes and Production Skills | |

Term Overview – Health & Physical Education

| Content Descriptions | TERM _____ Year _____ |
|---------------------------------------|-----------------------|
| Personal, Social and Community Health | |
| Movement and Physical Activity | |

Term Overview – Health & Physical Education

| Content Descriptions | TERM _____ Year _____ |
|--|-----------------------|
| Personal, Social and Community Health | |
| Being healthy, safe and active | |
| Communicating and interacting for health and wellbeing | |
| Contributing to healthy and active communities | |
| Movement and Physical Activity | |
| Moving our body | |
| Understanding movement | |
| Learning through movement | |

Term Overview – Languages

Content Descriptions

TERM _____ Year _____

Weekly Timetable

| Time | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| | | | | | |
| Morning break | | | | | |
| | | | | | |
| Lunch Break | | | | | |
| | | | | | |
| Home time | | | | | |

MONDAY Timetable

| Time | | Resources | Reminders |
|---------------|--|-----------|-----------|
| | | | |
| Morning break | | | |
| | | | |
| Lunch Break | | | |
| | | | |
| Home time | | | |

TUESDAY Timetable

| Time | | Resources | Reminders |
|---------------|--|-----------|-----------|
| | | | |
| Morning break | | | |
| | | | |
| Lunch Break | | | |
| | | | |
| Home time | | | |

WEDNESDAY Timetable

| Time | | Resources | Reminders |
|---------------|--|-----------|-----------|
| | | | |
| Morning break | | | |
| | | | |
| Lunch Break | | | |
| | | | |
| Home time | | | |

THURSDAY Timetable

| Time | | Resources | Reminders |
|---------------|--|-----------|-----------|
| | | | |
| Morning break | | | |
| | | | |
| Lunch Break | | | |
| | | | |
| Home time | | | |

FRIDAY Timetable

| Time | | Resources | Reminders |
|---------------|--|-----------|-----------|
| | | | |
| Morning break | | | |
| | | | |
| Lunch Break | | | |
| | | | |
| Home time | | | |

Week ending

| | | |
|-------------------------------|--------------------|------------|
| Focus (ideas/outcomes/theme): | Constraints: | Reminders: |
| Planned Activities: | | |
| Resources needed: | Review/Reflection: | |

Unit Planning

Use this to jot down your ideas for your unit plan.

| | | | |
|--|------------------------------|---|--|
| Curriculum area and cross curriculum links: | The topic or theme of ideas: | Prior learning of students and their interests: | Goal of unit (what skills, knowledge do I want students to learn): |
| Resources available or needed: | Safety: | My understanding of the unit content: | My skills I can use to enhance the unit of work: |
| Authentic learning opportunities (things that tie in with the world the children are in at this time): | Assessment ideas: | Strategies that would work with the unit: | Collaborative activities: |

Unit Plan

| | | | |
|---------------------------------------|--------------------------------------|--------------------|-----------------------|
| Subject: | Topic: | Year Level: | Term/Year: |
| Outcomes/Content Descriptions: | Objectives & Assessments: | Resources: | |
| Learning Activities: | | | Date Completed |
| Notes: | | | |

Unit Plan

| | | | | |
|---------------------------------------|--|--------------------------|-------------------|-----------------------|
| Subject: | Topic: | Year Level: | Term/Year: | |
| Outcomes/Content Descriptions: | General Capabilities/Cross-Curriculum Priorities: | Quality Teaching: | | |
| Objectives: | Teaching Strategies: | Assessment: | | |
| Resources: | | | | |
| Differentiation Resources: | | | | |
| Learning Activities: | Differentiation Activities | IEP | | Date Completed |
| | | Activities | IEP Goal | |
| | | | | |

Unit Plan

| | | | |
|--|--|---|-----------------------|
| Subject: | Topic: | Year Level: | Term/Year: |
| Outcomes/Content Descriptions: | General Capabilities/Cross-Curriculum Priorities: | Quality Teaching: | |
| Objectives: | Teaching Strategies: | Assessment: | |
| Resources: | | | |
| Learning Activities: | | | Date Completed |
| Differentiation Unit Plan Adjustments | | Individual Education Plan Unit Adjustments | |
| Students Names: | Student Name: | | |
| Adjustments: | Adjustments | Goal targeted | Support needed |
| | | | |
| Additional Resources: | Additional Resources: | | |

Unit Plan

| | | | |
|--|--|------------------------------------|-----------------------|
| Subject: | Topic: | Year Level: | Term/Year: |
| Outcomes/Content Descriptions: | General Capabilities/Cross-Curriculum Priorities: | Quality Teaching: | |
| Resources: | | | |
| Differentiation Considerations: | | IEP Student Considerations: | |
| Differentiation Resources: | | IEP Student Resources: | |
| Learning Activities: | | | Date Completed |
| Assessment: | | | |
| IEP Assessment: | | | |

Unit Plan

| | | | |
|--|---------------|--------------------|-----------------------|
| Subject: | Topic: | Year Level: | Term/Year: |
| Students requiring differentiation: | | | |
| Extra Learning Resources required: | | | |
| Objectives of learning for individual students: | | | |
| Differentiated Learning adjustments: | | | Date Completed |
| Assessment: | | | |
| Notes: | | | |

Unit Plan Individual Education Plan Considerations

| | | | |
|--|----------------------|-----------------------|-----------------------|
| Unit: | Student Name: | Year Level: | Term/Year: |
| Extra Learning Resources/assistance required: | | | |
| Focus Goal: | | Staff support: | |
| Adjustments to Unit Activities: | | | Date Completed |
| Assessment: | | | |
| Notes: | | | |

Unit Plan Individual Education Plan Considerations

| | | | |
|--|---|----------------------------|---------------------------------------|
| Unit: | Date: | Student Name: | |
| Unit Activity | Learning Adjustments How will they learn this? | Who is responsible? | What goals are we focusing on? |
| | | | |
| Assessment: How will we measure the success of this unit against focus goals? | | | |
| Reflection: | | | |

Unit Evaluation

| | | |
|--|-----------------|--|
| Unit Name: | Teacher: | Date: |
| Quality of Activities: | | Effectiveness of Teaching Strategies: |
| Assessment: | | Student Success: |
| Identified changes for next unit: | | |

Assessment Report

| | | |
|---|-------------------------|------------------------------|
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |
| Comments: | | |
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |
| Comments: | | |

Assessment Planning

Use this to make notes on assessment tasks to be included in units.

| | | |
|---|---|---|
| <p>What evidence will I need to collect?</p> | <p>How and when will I collect this evidence?</p> | <p>Have I considered the adjustments needed to ensure all students can demonstrate what they have learnt?</p> |
| <p>How will I provide feedback to students?</p> | <p>Reflection – did the experience demonstrate growth in student learning/skills?</p> | |

Assessment Report

| | | |
|---|-------------------------|------------------------------|
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |

Comments:

| | | |
|---|-------------------------|------------------------------|
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |

Comments:

| | | |
|---|-------------------------|------------------------------|
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |

Comments:

| | | |
|---|-------------------------|------------------------------|
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |

Comments:

Assessment Report

| | | |
|--|------------------|-----------------------|
| Student Name: | Assessment Name: | Date: |
| Student Engagement (what did student like doing?): | Strengths: | What needs reviewing? |
| Comments: | | |

Self Assessment Rubric

Name:

Date:

Activity:

| ACTIVITY | I have done this well. 😊 | I need some help. 😐 | I can't do this. 😞 | Comments |
|----------|--------------------------|---------------------|--------------------|----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Classroom Management Plan

**Positive
Management
Strategy**

**Disciplinary
Management
Strategy**

Literacy Continuum Checklist

| Student name | Level 1a | | Level 1b | | Level 1c | | Level 1d | | Notes |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | Comprehend Texts | Compose Texts | Comprehend Texts | Compose Texts | Comprehend Texts | Compose Texts | Comprehend Texts | Compose Texts | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Literacy Continuum Checklist (end Foundation Year)

| Student name | Level 1e | | | | | | Notes |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | Comprehend Texts | Compose Texts | Text Knowledge | Grammar Knowledge | Word Knowledge | Visual Knowledge | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Literacy Continuum Checklist (end of Year 2)

| Student name | Level 2 | | | | | | Notes |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | Comprehend Texts | Compose Texts | Text Knowledge | Grammar Knowledge | Word Knowledge | Visual Knowledge | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Literacy Continuum Checklist (end of Year 4)

| Student name | Level 3 | | | | | | Notes |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | Comprehend Texts | Compose Texts | Text Knowledge | Grammar Knowledge | Word Knowledge | Visual Knowledge | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Literacy Continuum Checklist (end of Year 6)

| Student name | Level 4 | | | | | | Notes |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------|
| | Comprehend Texts | Compose Texts | Text Knowledge | Grammar Knowledge | Word Knowledge | Visual Knowledge | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Numeracy Continuum Checklist

| Student name | Level 1a | | | | | | Notes |
|--------------|---|--|--|--------------------------|--------------------------------------|--------------------------|-------|
| | Estimating and calculating with whole numbers | Recognising and using patterns and relationships | Using fractions, decimals, percentages, ratios and rates | Using spatial reasoning | Interpreting statistical information | Using measurement | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Numeracy Continuum Checklist (end of Foundation Year)

| Student name | Level 1b | | | | | | Notes |
|--------------|---|--|--|--------------------------|--------------------------------------|--------------------------|-------|
| | Estimating and calculating with whole numbers | Recognising and using patterns and relationships | Using fractions, decimals, percentages, ratios and rates | Using spatial reasoning | Interpreting statistical information | Using measurement | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

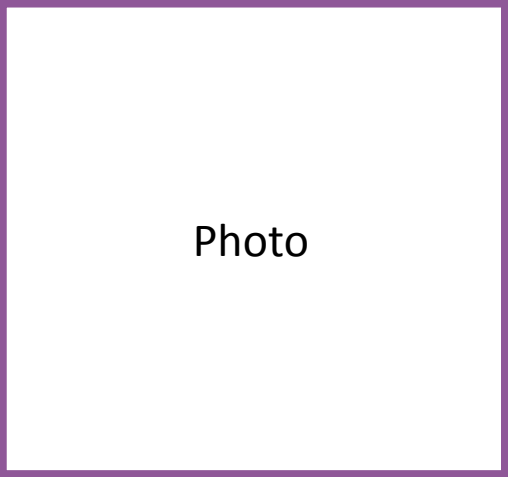
Numeracy Continuum Checklist (end of Year 2)

| Student name | Level 2 | | | | | | Notes |
|--------------|---|--|--|--------------------------|--------------------------------------|--------------------------|-------|
| | Estimating and calculating with whole numbers | Recognising and using patterns and relationships | Using fractions, decimals, percentages, ratios and rates | Using spatial reasoning | Interpreting statistical information | Using measurement | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Numeracy Continuum Checklist (end of Year 4)

| Student name | Level 3 | | | | | | Notes |
|--------------|---|--|--|--------------------------|--------------------------------------|--------------------------|-------|
| | Estimating and calculating with whole numbers | Recognising and using patterns and relationships | Using fractions, decimals, percentages, ratios and rates | Using spatial reasoning | Interpreting statistical information | Using measurement | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Individual Education Plan



Date

Name

DOB

Year/Class

School/Preschool

Teacher/s

ABOUT THE FAMILY

Family Members

Telephone

Address

Email

Diagnosis or
Disability

Medical Needs

Doctor

Therapists

Other Agencies

Individual Education Plan – the family

Child/Parents/Carers - Goals

Health and Safety (include health plan)

Strengths and interests

Education adjustments and/or inclusive strategies (timing, schedules, setting, response)

For _____

Individual Education Plan

| IEP Team Member | Role | Responsibility |
|-----------------|------|----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Classroom Program | | |
|-------------------|---|--------------------------|
| Learning Areas | Teaching and Learning adjustments/differentiation | Who will be responsible? |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Individual Education Plan - Goals

| Area of Focus | Goal | How will it be achieved? | Who will be responsible? | What will success look like? |
|----------------------------|------|--------------------------|--------------------------|------------------------------|
| Functional and/or Academic | | | | |
| Communication | | | | |
| Behaviour | | | | |
| Personal Care | | | | |
| Life Skills | | | | |
| Social | | | | |
| Work/Community Skills | | | | |
| Other | | | | |

Individual Education Plan - Review

| Area of Focus | Goal | Was this achieved? | Why or why not? | If not – what adjustments can be made for success? | Action Plan |
|----------------------------|------|--------------------------|-----------------|--|-------------|
| Functional and/or Academic | | <input type="checkbox"/> | | | |
| Communication | | <input type="checkbox"/> | | | |
| Behaviour | | <input type="checkbox"/> | | | |
| Personal Care | | <input type="checkbox"/> | | | |
| Life Skills | | <input type="checkbox"/> | | | |
| Social | | <input type="checkbox"/> | | | |
| Work/Community Skills | | <input type="checkbox"/> | | | |
| Other | | <input type="checkbox"/> | | | |

Assessment Planning

| | |
|--|---|
| What are you assessing? | |
| Type of Assessment? | Formative, summative or diagnostic |
| Assessment Strategy (circle one or write your own) | Anecdotal record, conference, rubric, games, peer evaluation, portfolio, self-assessment, simulation, journals, teacher observation and recording, questionnaire, essay, investigation, video, interview, work sample, team work, performance, presentation, poster, project, concept map, test, problem solving, skill drill |
| Purpose of the Assessment (Why are the students being assessed?) | |
| Differentiation considerations (What will make it fair for all students to demonstrate their knowledge?) | |
| Assessment criteria | |
| Curriculum Link | |
| How will you record the evidence you collect? | |
| Other considerations | |

Homework Policy Example ONLY

Homework policies may be a whole school approach.

Dear Parents/Guardian,

Please find below our classroom homework policy for you to review with your child so that homework expectations are clear and guidelines are implemented to make learning out of school successful. The purpose of homework is to build on the skill of working independently; to consolidate skills and understanding of concepts currently taught in the classroom; to allow for project work and to strengthen the home/school relationship.

To assist you in setting up for success, we have included some suggestions that could help.

1. Please set up a place for doing homework where it is uncluttered and quiet.
2. Set a time for homework that will work well with your family's schedule and when you are free to support your child.
3. Allow your child to work independently on the homework tasks with encouragement and prompting from you. If your child consistently has problems with the tasks, please let me know so that I can adjust the homework.
4. Homework should take a reasonable time to complete depending on age (you may put a time frame here, like 1 hour per night/week). Should the tasks take up too much time, please contact me at school.
5. Bedtime is very important. Please stop homework if it is cutting into sleep time and reschedule homework time to start earlier.
6. Please contact me should you have any concerns about the homework set for your child and we can discuss and resolve the issue.

Please sign and return this policy after you have discussed it with your child.

Signature

Date

Homework Policy

Dear Parents/Guardian,

Signature

Date

Teaching and Learning Strategies Checklist

| Strategy | Date used | | | |
|--|-----------|--|--|--|
| PMI Chart | | | | |
| Venn Diagram | | | | |
| CAF (Consider all Facts) | | | | |
| Games | | | | |
| SWOT Analyse | | | | |
| Corners | | | | |
| Card clusters | | | | |
| Oral/written presentations | | | | |
| Task cards | | | | |
| Y Chart | | | | |
| T Chart | | | | |
| Doughnut Activity | | | | |
| Scamper Strategy | | | | |
| Brainstorm | | | | |
| Guided/Modelled | | | | |
| SOWC Analysis (strengths, opportunities, weaknesses, consequences) | | | | |
| Walk and Talk (3 minute walk with partner on topic and come up with questions to take further) | | | | |
| Role Play | | | | |
| Hypothetical | | | | |

| Strategy | Date used | | | |
|---|-----------|--|--|--|
| Think, pair, share | | | | |
| Strip story | | | | |
| Eight square | | | | |
| Jigsaw Exercise | | | | |
| Elevator speech | | | | |
| Diagrams | | | | |
| Interview | | | | |
| Likert Scale | | | | |
| Mind mapping | | | | |
| Community Circle | | | | |
| Journals (reflecting on learning) | | | | |
| Debate | | | | |
| Word webs | | | | |
| KWL Chart (What I know, what I wonder, what I learnt) | | | | |
| The Rake (touch, smell, taste, look, listen, feel, think) | | | | |
| GLOW (gather, list, organise, write) | | | | |
| LDC (like, dislike, challenges/changes) | | | | |
| LEAP (listen, enjoy, analyse/arrange, perform) | | | | |
| PSDR Method (predict, share, do, reflect) | | | | |

Lesson Transitions

| Activity | Tick to record times used | | | | | | | | | |
|---------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Reverse thinking activity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Celebrity Head | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Who Am I? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concept Mapping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Creature Call | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I'm going camping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Quick song or dance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contract work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pictionary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 Questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| New twists to old stories | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Charades | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reflection journal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trivial pursuit cards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bingo | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Picture This | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Guess my word | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Find the capitals | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maths Royalty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heads down, thumbs up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Reflecting on Lessons

What worked?

What didn't work?

What changes can I make to improve the lesson?

What other resources can I access?

Reflecting on the School Day

How do I feel?

What happened?

Negative Day - What can I change?

Positive Day – How do I make that happen again?

Reflecting on your Teaching

| | |
|--|--|
| What did I do well? | |
| What needs work? | |
| What challenges to my thinking did I face? | |
| What challenges did my students present to my teaching? | |
| What actions can I take to enhance my teaching, as a result of what I have identified in my reflections? | |

Reflecting on your Teaching

| | |
|--|--|
| What happened? | |
| How were you feeling? | |
| Evaluate what was good and/or bad about the experiences | |
| Analyse the situation. Why did it happen? What challenges did you face? | |
| Refer to research or theories on teaching to understand the incident. Alternatively talk to peers. | |
| Assess what you have learnt and what you will do for future incidents. | |

Reflecting on your Teaching EXAMPLE ONLY

| | |
|---|---|
| <p>What happened?</p> | <p>I lost control with a poorly behaved student and yelled at him. I asked him to leave the class.</p> |
| <p>How were you feeling?</p> | <p>Tired. I have been sleeping badly and it is close to end of term. My workload has been horrible. I felt out of control and I felt bad taking it out on a student I know needs my support, not my anger, even though his behaviour is not good.</p> |
| <p>Evaluate what was good and/or bad about the experiences</p> | <p>There was nothing good about the experience. I made me feel unprofessional, it impacted on the student's confidence and it didn't solve the problem. I knew the student was having a bad time at home.</p> |
| <p>Analyse the situation. Why did it happen? What challenges did you face?</p> | <p>The student is poorly behaved and disrupts the class frequently. I did not stay calm as I usually would and I reacted out of tiredness rather than concern for the student. I reacted without thought.</p> |
| <p>Refer to research or theories on teaching to understand the incident. Alternatively talk to peers.</p> | <p>I spoke to my principal and we went over some alternative strategies. We spoke about his home life and his need for support at school.</p> |
| <p>Assess what you have learnt and what you will do for future incidents.</p> <p>I have learnt that I cannot bring my own personal life into the classroom. If I'm exhausted, I need to get help rather than react badly to situations. I have put in place a set of strategies for the student that I can call on at all times. I also have the backup of sending him calmly to another classroom. We have also come up with some strategies that can help him find calm in the classroom and these will be implemented immediately.</p> | |

Reflecting on Student Learning Needs

| | Student Strengths | Student needs | Student Issues |
|---|--------------------------|----------------------|-----------------------|
| What you know about your students | | | |
| How will this impact on my teaching? | | | |
| What can I do about it? | | | |

Goal Setting EXAMPLE ONLY

| | |
|--|--|
| What are my work goals for the year? Don't choose too many. | To start my Masters in Mathematics |
| Break it down. What am I going to do each day/week/month to achieve these goals? | Research available courses Check budget for fees Talk to principal about time off for study Enrol in the course, etc. |
| Habits – What habits will I need to form that will help to achieve the goals. | Set up a study area Set out study time and stick to it. Learn how to use useful software programs |
| What habits am I going to attack first? | Set aside study time 3 nights each week and focus on how to use software will need to complete my masters...etc. |
| What challenges could I face and how will I overcome them? | Time – set up a schedule, allocate family time, etc. |
| What resources or course will I need to access? | Books, computer, software, etc. |

Goal Setting

| | |
|--|--|
| What are my work goals for the year? Don't choose too many. | |
| Break it down. What am I going to do each day/week/month to achieve these goals? | |
| Habits – What habits will I need to form that will help to achieve the goals. | |
| What habits am I going to attack first? | |
| What challenges could I face and how will I overcome them? | |
| What resources or course will I need to access? | |

Goal Setting

My Goals:

My Action Plan:

My Habits:

Resources needed:



Attributing ACARA

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