Learning Activity Experience Curriculum Design (LAECD) 1.2 Part A - G

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| **LEARNING ACTIVITY EXPERIENCE CURRICULUM DESIGN** |
| **Completed by** |  |
| **Title/Designation** |  |
| **Workplace/Organisation** |  |
| **Date Completed** |  |

**Part A. Children Information**

Provide the following required information about the children who will participate in this activity.

|  |  |  |  |
| --- | --- | --- | --- |
| **Information** | **Child 1** | **Child 2** | **Child 3** |
| **Age** |  |  |  |
| **Interest** |  |  |  |
| **Brief Description of Cultural Background** |  |  |  |

**Part B. Details of the Activity**

Provide preliminary details of the learning activity experience below.

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| --- | --- |
| **Name of activity** |  |
| **Area****(Tick all that apply)** | 🞏 construction | 🞏 digital technologies | 🞏 dramatic play |
| 🞏 imaginative play | 🞏 movement | 🞏 music |
| 🞏 visual art | 🞏language and storytelling | 🞏 science, technology, engineering, arts and math (STEAM) |
|  |
| **Purpose of activity** |  |
| **Describe the learning environment** |  |
| **Resources required for the activity** |  |
| **Time required** |  |
| **Who will supervise the activity** |  |

**Part C. Learning Objectives**

Identify one knowledge, one skill, and one behaviour you want the children to demonstrate at the end of this activity.

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| **Knowledge** | **Skills** | **Behaviour** |
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| **Principles, Standards, and Objectives** |
| **Which domain(s) will be addressed by this activity? Tick all that apply.****For domain(s), selected, specify the developmental milestone this activity will address** | 🞏  | PhysicalTarget milestone:  | 🞏  | LanguageTarget milestone:  |
| 🞏  | Social Target milestone:  | 🞏  | CognitiveTarget milestone:  |
| 🞏  | EmotionalTarget milestone:  |
|  |
| **Identify one curriculum objective relevant to this activity.****Must align with the relevant approved learning framework.** |  |

**Part D. Evidence of Learning**

Identify one acceptable piece of evidence for the knowledge, skill, and behaviour you identified in *Part C*.

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| **Knowledge** | **Skills** | **Behaviour** |
| Evidence of knowledge: | Evidence of skill: | Evidence of behaviour: |
|  |  |  |
| How will this knowledge be assessed? | How will this skill be assessed? | How will this behaviour be assessed? |
|  |  |  |

**Part E. Children’s Learning Needs**

Provide the following required information about the children who will participate in this activity.

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| **Knowledge** |
| **Information** | **Child 1** | **Child 2** | **Child 3** |
| **Describe the child’s current knowledge in relation to the learning objectives you’ve identified above.**  |  |  |  |
| **Learning need in relation to knowledge** |  |  |  |

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| **Skills** |
| **Information** | **Child 1** | **Child 2** | **Child 3** |
| **Describe the child’s current skills in relation to the learning objectives you’ve identified above.**  |  |  |  |
| **Learning need in relation to skills** |  |  |  |

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| **Behaviour** |
| **Information** | **Child 1** | **Child 2** | **Child 3** |
| **Describe the child’s current behaviour in relation to the learning objectives you’ve identified above.**  |  |  |  |
| **Learning need in relation to behaviour** |  |  |  |

**Part F. Learning Opportunities**

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| --- | --- | --- | --- | --- | --- |
| **#** | **Learning opportunity**Include a step-by-step description of how this opportunity will be conducted. | **Intentional teaching strategy** | **How to engage the children in this opportunity** | **Resources required** | **Time allocation** |
| 1 |  |  |  | Equipment:Source:MaterialSource: |  |
| 2 |  |  |  | Equipment:Source:MaterialSource: |  |

**Part G. Feedback Mechanisms**

For family members of children, do not include their real names, write ‘mother, father, or legal guardian’, etc. only.

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| **Stakeholder** | **Stakeholder Name** | **How to gather feedback from them** |
| Child 1 | Child 1 |  |
| Child 2 | Child 2 |  |
| Child 3 | Child 3 |  |
| Child 1’s family member |  |  |
| Child 2’s family member |  |  |
| Child 3’s family member |  |  |
| Educator 1 | Educator 1 |  |
| Educator 2 | Educator 2 |  |

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| **Part A – G Supervisor Declaration**By signing this declaration, I confirm that I have sufficiently observed the candidate, whose name appears above, complete these parts of the *Learning Activity Experience Curriculum Design* in the service.I further confirm that the information recorded above is true and accurate. |
| Supervisor Name |  | Supervisor’s signatureDate |
| Title/Designation |  |
| Contact number (required) |  |
| Email address (required) |  |