



Group Planning Form

Site: _____ Class: _____ Date: _____ Teachers: _____

Activity Name:	Children chosen for group or group name:
Type of Activity (check one) Large Group <input type="checkbox"/> Small Group <input type="checkbox"/> Activity Choice during Free Play <input type="checkbox"/> Transition <input type="checkbox"/>	Learning Goals/Objectives (Concepts being introduced/Skills being taught)
DRDP Domains Promoted (List DRDP Domains)	Space or materials needed (where will it be, what will you need)
Implementation Specifics (Set up directions, sequence, questions to ask etc.)	Individualization/Supports (Accommodations/differentiation for specific children)

Reflections/evaluation (how did it go, what might you do different next time)

Comments