

CLUSTER LESSON PLAN
(Submit to Program Supervisor- Within One Week of Cluster)

Date: _____ Program/HVT: _____

Concepts/Goals: _____ Notes/Focus: _____

Children's Interests: _____ Family Input/Feedback: _____

Large Group Time	Activities: Child Experience: HSELOF: Creative Curriculum:	
Small Group Time	Activities: Child Experience: HSELOF: Creative Curriculum:	
Transition Ideas/Activities		
Nutrition Experience Health/Safety Activity		
Parent-Child Activity		
GOLD Objectives <input type="checkbox"/> Social-Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Language <input type="checkbox"/> Cognitive <input type="checkbox"/> Literacy <input type="checkbox"/> Mathematics <input type="checkbox"/> Science and Tech <input type="checkbox"/> Social Studies <input type="checkbox"/> The Arts <input type="checkbox"/> English Language Acquisition	Evaluation What went well? What could be better/change for next time? Ideas for next Cluster	