Checklist – The Three I's

Intent:

Implementation:

Desired Impact:

Actual Impact:

Activity Type:

Implementation:

Desired Impact:

Actual Impact:

Activity Type Key

Small Group Time:

Large Group Time:

In The Moment:

Focus: Circle Time:

Time:

Intent:

LEARNING

EPISODE

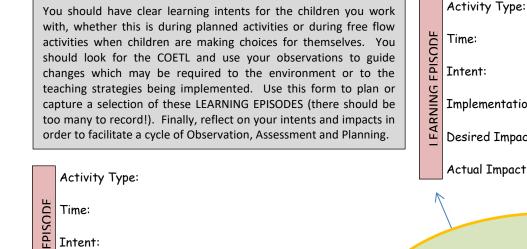
LEARNING

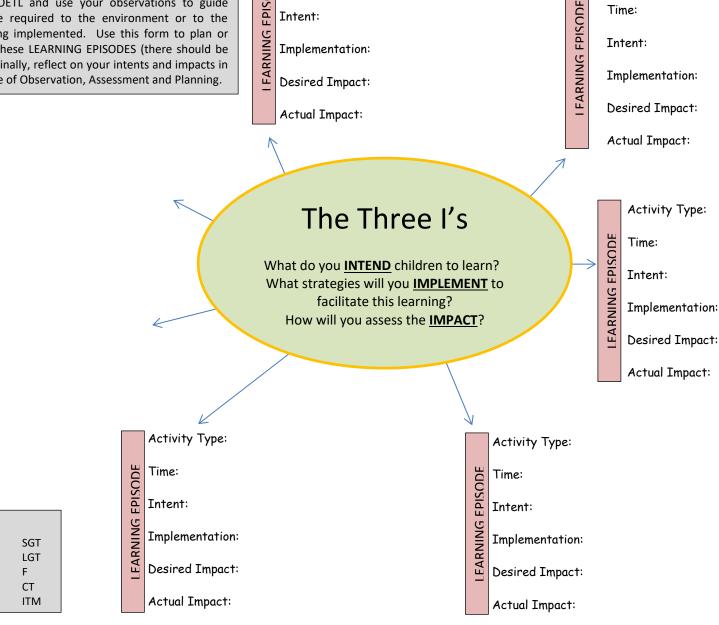
Educator's Name:

Date:

Activity Type:

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Checklist – The Three I's

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