**ITC Custom Assessment (Level 3)**
**Curriculum and Environment Design**

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| **ITC Competencies** | CPD1: Identifies foundational components of high-quality, responsive, infant and toddler care.CPD2: Identifies culturally, individually, and developmentally responsive curricular strategies that nurture infant/toddler development, learning, mental health, and well-being.CPD3: Plans and implements, in partnership with families, culturally, individually, and developmentally responsive curricular strategies and interactions that nurture infant/toddler development, learning, mental health, and well-being.IRE2:  Describes interactions and strategies that support healthy infant/toddler development, learning, mental health, and well-being and how these can be integrated into daily routines.IRE3: Engages in interactions, embedded in daily routines and activities, supportive of developing and maintaining nurturing relationships with infants and toddlers.IRE5:  Establishes positive practitioner-family interactions and relationships that support growth, promoting, positive family-child interactions and relationships from birth-3.IRE6:  Creates culturally and linguistically responsive environments, interactions, and experiences that nurture healthy infant/toddler development, learning, mental health, and well-being.FCR2:  Demonstrates behavior that reflects confidentiality and awareness of the unique role of providing services to infants/toddlers and their. FCR3:  Engages in interactions and demonstrates practice with children, families, and practitioners reflective of a strengths-based, family-centered, relationship-based approach.FCR4:  Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts. FCR6: Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.HSW2: Engages in developmentally, individually, and culturally responsive interactions with infants/toddlers during caregiving routines.HSW3: Creates safe and appropriate eating environments (nutrition, interactions) support healthy development, learning, mental health, and well-being. HSW4: Develops safe indoor and outdoor play environments for infants and toddlers.PPD2:  Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families. OA1: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts. |
| **NAEYC** | 1a, 1b, 1c, 2a, 2b, 2c, 3a, 3c, 4a, 4b, 4c, 5a, 5b, 5c, 6b, 6d, 6e |
| **IPTS** | 1A, 1C, 4C, 7A, 7B, 8A, 8B, 8C, 8E, 8G, 8H, 8J, 8K, 8M, 8N, 9A, 9B, 9C, 9D, 9E, 9G, 9H |
| **Original ITC Gateways Benchmarks** | 2-4A16, 2-4B1-2, 2-4C3-4, 2-4C8, 2-4D1-9, 2-4D12, 2-4E1, 2-4E4-14, 2-4E18, 2-4F2-3, 2-4F6-7, 2-4F10-11, 2-4F13-14, 5E18, 2-4G2, 2-4G11-12, 2-4G14, 5A5, 5A16, 5B1-2, 5C1, 5C3, 5C4, 5C8, 5D1-7, 5D12, 5E1-3, 5E5, 5E8, 5E10, 5E12, 5E14, 5E19, 5F2-3, 5F6-7, 5F11, 5F13-14, 5G2, 5G10 |

**Assessment Guidelines**

In this assessment, you will be developing and implementing a learning experience plan and assessing and designing environments based on your knowledge of the development and learning of one child between the ages of 6 weeks and 3. You will be required to implement of two of the outlined learning experiences. The purpose of this Assessment is to determine your competencies in the areas planning and implementing appropriate infant-toddler curriculum, designing engaging environments, and engaging in nurturing and supportive interactions.

Successful completion of this Assessment requires that it be conducted during a clinical or with a group of infants/toddlers with whom you have access. If you do not have an infant/toddler classroom where you have ongoing contact, please make arrangements to meet with the teacher to both plan for your Assessment and learn more about the children you will be working with. When you meet with the cooperating teacher, be sure to ask about relevant assessment data and information about the learners in the classroom, which would be beneficial in terms of your lesson planning and implementation.

**Part I: Pre-Planning Reflection:**

Prior to planning your lesson, it is important to foundational components of quality care that will inform your planning. As well, you need to consider the unique leaners you will be working with and cultural, linguistic, and developmentally responsive strategies for those learners, as well as the evidence that supports effective curricular practices. Finally, it is also essential to consider mandates and requirements, including building, center, and curricular factors, that must be adhered to in your planning. Consider each of these, and develop a 2-3 page reflection that responds to:

* Foundational components of high-quality, responsive infant and toddler care will incorporate into planning your learning experiences.
* Strategies you will use gather information about the child’s development and learning, including observational data as well as data you will gather from family members.
* An overview of strategies, including guidance techniques, you will use to form affectionate, responsive relationships with the infant/toddler

**Part II: Observation and Learning Experience Development**

You will be required to develop learning experience plan based on the developmental, cultural, and linguistic needs of a child observed between the ages of 6 weeks and 3. Your first step in developing your Learning Experience Plan is for you to observe the child you have selected. Use the Developmental Profile to summarize your observation. Based on the Developmental Profile and the Early Learning Guidelines, write a complete the **Observation and Curriculum Planning Form** based on the targeted child’s development and learning profile. Please complete the number of forms needed to support the development of a Learning Experience Plan that encompasses each of the child’s developmental domains. Your Learning Experience plan is required to include the following components:

* Developmental domains targeted
* Observation data
* Reflection based on individual child’s needs/preferences regarding relationships, routines, and the environment
* How your plan will incorporate each of the following:
	+ Ensuring the child’s safety
	+ Promoting the child’s health
	+ Ensuring the child’s comfort
	+ Support choice
	+ Responsiveness to nutrition and interactions that promote healthy development, learning, mental health, and well-being
* Strategies that you will employ to ensure positive interactions with family members
* How you will collaborate with the family to gather knowledge of the young child’s healthy development, learning, mental health, and well-being
* How you will ensure that the indoor and outdoor play environment is responsive to the individual child’s needs

**Part III: Learning Experience Plan**

Complete the Learning Experience Plan.

**PART IV: Learning Experience Implementation**

You will be required to work with your cooperating teacher to implement two of the learning experiences identified. You will also need to arrange to have a peer video tape a 10-15-minute portion of your teaching using your cell phone or device. This video will not be submitted. You will use this video as a reflection tool to guide you in developing your teaching.

**Part V: Post-Reflection**

After you have developed and implemented the lesson, respond to the following:

* How effective were these strategies in supporting the development, learning, mental health, and well-being of the child you observed?
* What strategies do you feel are more effective to share the importance of your learning experiences with families, including how the experiences support infant/toddler communication, well-being, and positive interactions with their physical and social world?

**Assessment Rubric (pulled from ITC Master Rubrics)**

| ITC Custom Assessment (Level 3): Curriculum and Environment Design Rubric |
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| **Competency** | **Distinguished** | **Proficient** | **Needs Improvement** | **Unsatisfactory** | **Unable to Assess** |

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| **FCR2**:  Demonstrates behavior that reflects confidentiality and awareness of the unique role of providing services to infants/toddlers and their families. **NAEYC**: 6d**IPTS**: N/A**ITC**: 2-4G11, 2-4G12 | Provides examples of unique confidentiality issues and responsibilities that may arise in providing services to infants/toddlers and their families. Engages in behavior reflective of confidentiality.Engages in behaviors reflective of understanding the unique role of providing services to infants/toddlers and their families. Identifies strategies that would support colleagues in developing and engaging in confidential behaviors and behaviors that demonstrate awareness of the unique role of providing services to infants/toddlers and their families. | Provides examples of unique confidentiality issues and responsibilities that may arise in providing services to infants/toddlers and their families. Engages in behavior reflective of confidentiality.Engages in behaviors reflective of understanding the unique role of providing services to infants/toddlers and their families.  | Provides limited examples of unique confidentiality issues and responsibilities that may arise in providing services to infants/toddlers and their families. Engages in behavior reflective of confidentiality on a fairly consistent basis.Generally, engages in behaviors reflective of understanding the unique role of providing services to infants/toddlers and their families.  | Does not maintain confidentiality.Behavior not reflective of of understanding the unique role of providing services to infants/toddlers and their families.  |  |
| **FCR3**:  Engages in interactions and demonstrates practice with children, families, and practitioners reflective of a strengths-based, family-centered, relationship-based approach.**NAEYC**: 1b, 2a, 2b**IPTS**: 9C, 9D, 9G**ITC**: 2-4F2, 2-4F6, 2-4F7, 5F2, 5F6, 5F7 | Engages in strengths-based, family-centered, relationship-based interactions with children, families, and Recognizes the strengths and benefits, and supports any potential challenges of families of infants and toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness).Uses research and evidence-base to support and advocate for a strengths-based, family-centered, relationship-based approach. | Engages in strengths-based, family-centered, relationship-based interactions with children, families, and other practitioners.Recognizes the strengths and benefits, and supports any potential challenges of families of infants and toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness). | Engages in positive interactions with children, families, and other practitioners.Recognizes the strengths of families of infants and toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness). | Engages in interactions with children, families, and other practitioners that are not reflective of a strength-based lens.Does not recognize the strengths of families of infants and toddlers who are learning English as a second language and/or multiple languages and families with infants and toddlers with developmental delays, disabilities, and/or other special needs, (e.g., stressful circumstances, illness). |  |
| **HSW2**: Engages in developmentally, individually, and culturally responsive interactions with infants/toddlers during caregiving routines.**NAEYC:** 4a, 4c**IPTS:** 8A, 8B, 8E, 8H, 8M, 8N, 9C**ITC:** 2-4B1, 2-4B2, 5B1, 5B2 | Demonstrates developmentally, individually, and culturally responsive interactions with infants/toddlers during caregiving routines.Identifies how to extend these skills to colleagues in early childhood settings. | Demonstrates sensitive, culturally, individually and developmentally responsive interactions with infants/toddlers during care-giving routines such as feeding and diapering. | Demonstrates individually and developmentally responsive interactions with infants/toddlers during care-giving routines such as feeding and diapering. | Demonstrates interactions with infants and toddlers that are not reflective of individual, cultural, and developmental responsiveness.  |  |
| **PPD2**: Uses relationship-based strategies to develop and maintain positive, responsive, respectful relationships with families.**NAEYC:** 2b, 4a, 4c, 6b, 6d**IPTS:** 8A, 8G**ITC:** 2-4F14, 2-4G2, 5F14, 5G2 | Identifies and uses relationship-based strategies to develop and maintain positive partnerships with families and nurturing relationships with children.  Identifies strategies to support others in adopting and using relationship-based strategies to develop and maintain positive partnerships with families and nurturing relationships with children. | Identifies and uses relationship-based strategies to develop and maintain positive partnerships with families and nurturing relationships with children.   | Demonstrates positive, respectful, responsive relationships with families and with children.  Identifies and uses relationship-based strategies to develop and maintain positive relationships with families and children.   | Demonstrates negative, stressful relationships and interactions with families and children.  Fails to apply relationship-based strategies to develop and maintain positive relationships with families and children.   |  |
| **IRE2**:  Describes interactions and strategies that support healthy infant/toddler development, learning, mental health, and well-being and how these can be integrated into daily routines.**NAEYC:** 1c, 4a, 4b, 4c**IPTS:** 8A, 8B**ITC:**2-4E1, 2-4E4, 2-4E8, 2-4E11, 5E8 | Provides examples of how interactions that support learning core tasks of early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily care giving and play routines. Names strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication and language in infants and toddlers of different ages. Names characteristics of interactions (e.g., responsive) that promote and support the healthy development of infant/toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn.Uses research to as a rationale to support strategies/examples provided.  | Provides examples of how interactions that support learning core tasks of early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily care giving and play routines. Names strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication and language in infants and toddlers of different ages. Names characteristics of interactions (e.g., responsive) that promote and support the healthy development of infant/toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn. | Provides partial examples of how interactions that support learning core tasks of early development (e.g., those that foster attachment, self-regulation, and self-concept) can be integrated into daily care giving and play routines. Names strategies (e.g., using non-verbal signals such as eye contact and gestures; using verbal language) to support early communication or language in infants and toddlers of different ages. Names characteristics of interactions. | Provides of interactions. Identifies strategies that inhibit communication and/or language in infants and toddlers of different ages. Partially or inaccurately names characteristics of interactions (e.g., responsive) that promote and support the healthy development of infant/toddlers' emotional security and expression, self-regulation, and self-confidence to explore and learn. |  |

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| **IRE3**:  Engages in interactions, embedded in daily routines and activities, supportive of developing and maintaining nurturing relationships with infants and toddlers.**NAEYC:** 4a, 4c**IPTS:** 8A, 8E**ITC:**2-4E5, 2-4E7, 5E5 | Forms responsive, affectionate relationships with infants and toddlers. Responds to children's emotional expression in sensitive and age-appropriate ways. Demonstrates interaction and support techniques appropriate to infants and toddlers (e.g., responding, turn-taking, attunement, elaborating, redirecting, providing positive guidance).Identifies strategies or directly supports families and colleagues in developing and maintaining nurturing relationships with infants and toddlers. | Forms responsive, affectionate relationships with infants and toddlers. Responds to children's emotional expression in sensitive and age-appropriate ways. Demonstrates interaction and support techniques appropriate to infants and toddlers (e.g., responding, turn-taking, attunement, elaborating, redirecting, providing positive guidance). | Forms relationships with infants and toddlers. Responds to children's emotional expression.  | Forms challenging and/or negative relationships with infants and toddlers. Responds to children's emotional expression in insensitive and age-inappropriate ways. Demonstrates interaction and support techniques that lack appropriateness.  |  |
| **OA1**: Selects and uses legal and ethical birth to three assessment procedures, screening tools, observation methods, and organizational strategies to gain knowledge of young children, and their familial and social contexts.**NAEYC:** 3a, 3c, 4c**IPTS:** N/A**ITC:** 2-4C3, 2-4C4, 2-4C8, 5C3, 5C4, 5C8 | Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of infant’s or toddler’s interests, preferences, needs, and particular ways of responding to people and things. Selects and uses legal and ethical assessment procedures to gain information about young children’s families and social context. Support family and colleague knowledge of the importance of observation, assessment, and screening in supporting young children’s healthy development and learning.  | Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of infant’s or toddler’s interests, preferences, needs, and particular ways of responding to people and things. Selects and uses legal and ethical assessment procedures to gain information about young children’s families and social context.  | Selects and uses legal and ethical birth-3 observation, screening, and assessment procedures to gain knowledge of young children’s development and learning. Selects and uses legal and ethical assessment procedures to gain information about young children’s families.  | Observation, screening and assessment procedures selected and/or implemented not reflective of legal or ethical standards or implemented in a way that supports knowledge of young children, their families, and/or societal context. Organizational strategies not utilized. |  |

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| **FCR4**:  Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts. **NAEYC**: 1b, 2b, 2c, 4a, 4b, 4c**IPTS**: 9C, 9E**ITC**: 2-4E10, 2-4F3, 2-4F10, 5E10, 5F3 | Provides examples of program and practitioner practices and strategies that support continuity of expectations and practices among program, practitioners, and home. Collaborates with families as partners to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts. Identifies strategies that support families and other colleagues as advocates for family-practitioner collaboration nurturing healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.  | Provides examples of program and practitioner practices and strategies that support continuity of expectations and practices among program, practitioners, and home. Collaborates with families as partners to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.  | Provides limited examples of program and practitioner practices and strategies that support continuity of expectations and practices among program, practitioners, and home. Collaborates with families to nurture healthy development, learning, mental health and well-being within and between infant and toddler social and cultural contexts.  | Provides inaccurate examples of program and practitioner practices and strategies that support continuity of expectations and practices among program, practitioners, and home. Provides inaccurate rationale for involving families as partners in all aspects of the infant/toddler care and education system. Engages in behavior that undermines collaboration with families.  |  |

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| **CPD1**: Identifies foundational components of high-quality, responsive, infant and toddler care.**NAEYC:** 1a, 1b, 1c, 4a, 5a, 5b, 5c, 6e**IPTS:** 1A, 1C, 8A, 8G**ITC:** 2-4D3, 2-4D5, 2-4D7, 2-4D12, 2-4G14, 5D1, 5D12, 5G10 | Provides examples of how foundational components of high-quality infant and toddler care, including relationships, play, and continuity of expectations between practitioners and settings, are represented in curriculum for infants and toddlers and their families. Provides examples of how abilities fostered during the infant-toddler period relate to the child's emerging understanding of literacy, math, and science.Names sources of evidence-based practices, theory, research, and state and national standards relevant to providing care and education to infants and toddlers (e.g., Illinois Birth-3 Program Standards). Identifies strategies supportive of family knowledge of the foundational components of high-quality, responsive, infant and toddler care.  | Provides examples of how foundational components of high-quality infant and toddler care, including relationships, play, and continuity of expectations between practitioners and settings, are represented in curriculum for infants and toddlers and their families. Provides examples of how abilities fostered during the infant-toddler period relate to the child's emerging understanding of literacy, math, and science.Names sources of evidence-based practices, theory, research, and state and national standards relevant to providing care and education to infants and toddlers (e.g., Illinois Birth-3 Program Standards).  | Provides examples of how foundational components of high-quality infant and toddler care are represented in curriculum for infants and toddlers and their families. Provides examples of how abilities fostered during the infant-toddler period support infant/toddler understanding of literacy, math, and science.Names sources of evidence-based practices, theory, research, or state and national standards relevant to providing care and education to infants and toddlers (e.g., Illinois Birth-3 Program Standards).  | Provides incomplete or inaccurate examples of how foundational components of high-quality infant and toddler care are represented in curriculum for infants and toddlers and their families. Provides incomplete or inaccurate examples of how abilities fostered during the infant-toddler period support infant/toddler understanding of literacy, math, and science.Names inaccurate sources of evidence-based practices, theory, research, or state and national standards relevant to providing care and education to infants and toddlers (e.g., Illinois Birth-3 Program Standards).  |   |
| **CPD2**: Identifies culturally, individually, and developmentally responsive curricular strategies that nurture infant/toddler development, learning, mental health, and well-being.**NAEYC:** 1a, 1b, 1c, 2c, 4a, 4b, 4c, 5a, 5b**IPTS:** 1A, 1C, 4C, 7A, 7B, 8A, 8C**ITC:** 2-4D1, 2-4D4, 2-4D8, 2-4D9, 2-4E12, 2-4E13, 5E12 | Provides examples of how curriculum for infants and toddlers respects cultural differences, reflects individual needs and abilities, and fosters and is based on unique skills and abilities.Lists ways to support emergent literacy (e.g., picture naming, music), math (e.g., counting toes), and science (e.g., observation), creative expressions (including movement and music) in infants and toddlers. Describes experiences and strategies that support infants/toddlers' approach to constructing knowledge through interaction, play, exploration, and experimentation. Identifies standards, evidenced-based practices, and young children’s experiences, abilities and interests that inform curriculum choices.  | Provides examples of how curriculum for infants and toddlers respects cultural differences, reflects individual needs and abilities, and fosters and is based on unique skills and abilities.Lists ways to support emergent literacy (e.g., picture naming, music), math (e.g., counting toes), and science (e.g., observation), creative expressions (including movement and music) in infants and toddlers. Describes experiences and strategies that support infants/toddlers' approach to constructing knowledge through interaction, play, exploration, and experimentation.  | Provides examples of how curriculum for infants and toddlers fosters and is based on unique skills and abilities.Identifies curriculum strategies supportive of infant/toddler development and learning. Strategies identified appropriate and lacking holistic support for development and learning.  | Relationship between curriculum, development and learning not synthesized. Curriculum strategies identified not supportive of infant/toddler development and learning.  |   |
| **CPD3**: Plans and implements, in partnership with families, culturally, individually, and developmentally responsive curricular strategies and interactions that nurture infant/toddler development, learning, mental health, and well-being.**NAEYC:** 1c, 2c, 3a, 4a, 5a, 5b**IPTS:** 1B, 1C, 8A, 8G**ITC:** 2-4D2, 2-4D6, 5C1, 5D2, 5D3, 5D4, 5D5, 5D6, 5D7 | Develops daily curriculum, in partnership with families, that respects family culture, beliefs and values, the individual needs, preferences and abilities of infants and toddlers, and is based on research. Develops daily curriculum for infants and toddlers that incorporates relationships and play and maintains continuity of expectations across early childhood caregivers and settings.  Develop daily curriculum supportive of young children’s emerging understanding of literacy, math, and science. Identifies strategies supportive of family knowledge of the importance of high-quality curriculum in infant/toddler settings.  | Develops daily curriculum, in partnership with families, that respects family culture, beliefs and values, the individual needs, preferences and abilities of infants and toddlers, and is based on research. Develops daily curriculum for infants and toddlers that incorporates relationships and play and maintains continuity of expectations across early childhood caregivers and settings. Develop daily curriculum supportive of young children’s emerging understanding of literacy, math, and science.  | Develops daily curriculum that respects family culture, beliefs and values, the individual needs, preferences and abilities of infants and toddlers. Develops daily curriculum for infants and toddlers that incorporates relationships and play. Develop daily curriculum supportive of young children’s emerging understanding of literacy, math, and science.  | Develops daily curriculum. |   |
| **IRE5**:  Establishes positive practitioner-family interactions and relationships that support growth, promoting, positive family-child interactions and relationships from birth-3.**NAEYC:** 1b, 2a, 2b, 4a**IPTS:** 8A, 8G, 8M, 9B, 9C, 9D, 9H**ITC:**5E2, 5E3 | Establishes positive practitioner-parent interactions and relationships that support growth-promoting, positive parent-child interactions and relationships from birth-3. Supports families in their abilities to establish positive practitioner-parent interactions and relationships for their child in the future.  | Establishes positive practitioner-parent interactions and relationships that support growth-promoting, positive parent-child interactions and relationships from birth-3.  | Establishes practitioner-parent interactions and relationships that support growth-promoting, positive parent-child interactions and relationships from birth-3.  | Establishes challenging practitioner-parent interactions and relationships that support growth-promoting, positive parent-child interactions and relationships from birth-3.  |  |
| **IRE6**:  Creates culturally and linguistically responsive environments, interactions, and experiences that nurture healthy infant/toddler development, learning, mental health, and well-being.**NAEYC:** 1a, 1c, 2a, 2c, 4a, 4b, 4c, 5a, 5c**IPTS:** 8A, 8B, 8C, 8E, 8J, 8K, 9A, 9C, 9E, 9F**ITC:**2-4A16, 2-4E6, 2-4E9, 2-4E14, 5A5, 5A16, 5E1, 5E14, 5E19 | Provides examples of positive guidance techniques and explains how they apply or do not apply at different ages between birth and 3. Identifies strategizes and develops early learning environments, interactions, and experiences (e.g., adult/child interaction, exploration) that support early brain development, infant/toddler emotional security and expression, self-regulation, and self-confidence to explore and learn. Appraises safe indoor and outdoor physical environments (e.g., space, materials) that encourage infants/toddlers to explore their emerging understanding of their environment (e.g., watching, comparing), practice their developing motor skills (e.g., pulling up, taking steps), and acting on objects in multiple ways e.g., moving a puzzle piece in different directions to have it fit correctly). Uses research and evidence-based to support and advocate for culturally and linguistically responsive environments, interactions, and experiences for infants and toddlers. | Provides examples of positive guidance techniques and explains how they apply or do not apply at different ages between birth and 3. Identifies strategizes and develops early learning environments, interactions, and experiences (e.g., adult/child interaction, exploration) that support early brain development, infant/toddler emotional security and expression, self-regulation, and self-confidence to explore and learn. Appraises safe indoor and outdoor physical environments (e.g., space, materials) that encourage infants/toddlers to explore their emerging understanding of their environment (e.g., watching, comparing), practice their developing motor skills (e.g., pulling up, taking steps), and acting on objects in multiple ways e.g., moving a puzzle piece in different directions to have it fit correctly).  | Provides limited examples of positive guidance techniques and explains how they apply or do not apply at different ages between birth and 3.  Identifies limited strategizes and develops early learning environments, interactions, and experiences (e.g., adult/child interaction, exploration) that provided limited support for early brain development, infant/toddler emotional security and expression, self-regulation, and self-confidence to explore and learn. Partially appraises safe indoor and outdoor physical environments (e.g., space, materials) that encourage infants/toddlers to explore their emerging understanding of their environment (e.g., watching, comparing), practice their developing motor skills (e.g., pulling up, taking steps), and acting on objects in multiple ways e.g., moving a puzzle piece in different directions to have it fit correctly).  | Provides incorrect examples of positive guidance techniques and explains how they apply or do not apply at different ages between birth and 3. Identifies incorrect strategizes and develops early learning environments, interactions, and experiences (e.g., adult/child interaction, exploration) that provided limited support for early brain development, infant/toddler emotional security and expression, self-regulation, and self-confidence to explore and learn. Inaccurately appraises indoor and outdoor physical environments (e.g., space, materials) that encourage infants/toddlers to explore their emerging understanding of their environment (e.g., watching, comparing), practice their developing motor skills (e.g., pulling up, taking steps), and acting on objects in multiple ways e.g., moving a puzzle piece in different directions to have it fit correctly).  |  |
| **FCR6**: Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.**NAEYC**: 2b, 2c**IPTS**: 8A, 8E, 9H**ITC**: 2-4E18, 2-4F11, 2-4F13, 5E18, 5F11, 5F13 | Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers.Identifies strategies that support families and other colleagues as advocates for family-practitioner collaboration in planning learning opportunities for infants and toddlers. | Plans and implements collaborative learning opportunities, in partnership with families, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers. | Plans and implements learning opportunities, based on family knowledge, that are supportive of the healthy development, learning, mental health and well-being of infants and toddlers. | Plans and implements learning opportunities. |  |

Yellow= Level 2 Green=Level 3 Orange Level 4

**Observation and Curriculum Development Planning Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Age:

Date:

Time:

Observation strategy utilized:

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Domain(s):

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Observation:

Guiding questions:

* What skills or activities appear to lead to frustration or challenge?
* How does the child seem to prefer to interact with the world?
* What developmental skill does s/he appear to be working on?
* What holds the child’s interests in the environment?
* What else do I need to know?
* What questions do I have for the child’s family?

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Reflection on interaction between child and environment

* Child’s preferences regarding relationships
* Daily routines
* ƒChild’s strategies for interacting with the environment:

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Reflection on unique learning needs

* Creative Expression
* Family context (culture, language)

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Goals and Objectives

Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Objectives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Ensuring child’s safety | Promoting Child’s Health | Ensuring Child’s Comfort | Nutritional Factors | Supporting Child’s Emerging Understanding of Literacy, Math, and Science |
| Factors to consider: | Factors to consider: | Factors to consider: | Factors to consider: | Factors to consider: |
| Plan for support: | Plan for support: | Plan for support: | Plan for support: | Plan for support: |

**Learning Experience Plan**

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| --- | --- | --- | --- | --- | --- |
| Day of Week | M | T | W | R | F |
| Objective: |  |  |  |  |  |
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Materials/Changes to Environment Needed:

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Learning Opportunities for Family to Extend Learning Plan

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