

## Supplies/Logistics and Follow-up

### Field Trip

Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Departure time: \_\_\_\_\_

*Arrival at destination:* \_\_\_\_\_

Return time: \_\_\_\_\_

Cost: \_\_\_\_\_

Method of payment needed: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Supplies on hand needed

*(Indicate quantity)*

### Supplies to purchase—

*(indicate exact quantity, color  
and brand if essential)*

### Equipment Needed—

*(appliances, tools, cooking  
utensils, electronics & day  
needed)*

***Please attach all activity plans and instructions.***

### Child/Children to observe

### Observations/Issues to Discuss

### Assessment of Week—How did it go?

## After School Weekly Lesson Plan

Week Of: \_\_\_\_\_

Outcome Focus: \_\_\_\_\_

| Program Element/Time                         | Activities |         |           |          |        |
|--|------------|---------|-----------|----------|--------|
|  | Monday     | Tuesday | Wednesday | Thursday | Friday |
| Snack time                                   |            |         |           |          |        |
| Group meeting                                |            |         |           |          |        |
| Physical Activity/outside time               |            |         |           |          |        |
| Choice Structured Activities<br>(at least 3) |            |         |           |          |        |
| Closing activities                           |            |         |           |          |        |
| Special events                               |            |         |           |          |        |

### Interest Area/Environmental Changes

|                      |               |            |        |
|----------------------|---------------|------------|--------|
| Quiet/Cognitive area | Arts & Crafts | Manipulate | Games  |
| Hang Space           | Dramatic Play | Other:     | Other: |