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| --- | --- | --- | --- | --- | --- |
| **Experience & Outcome** | **Learning Intentions** | **Success Criteria** | **Learner Experience** | **Assessment****Say, write, make & do** | **Evaluation** |
|  |  |  |  | Sharing learning intentionsOpen QuestionThumbs up – no handsSelf-assessmentPeer assessment2 stars & wishShare the bigger pictureNext stepsTask observationRecord of improvement |  |
| Appropriate Benchmarks |
|  |
| **SAL’s** |
|  |



Class: Teacher: Date:

 Physical Education Planning Sheet