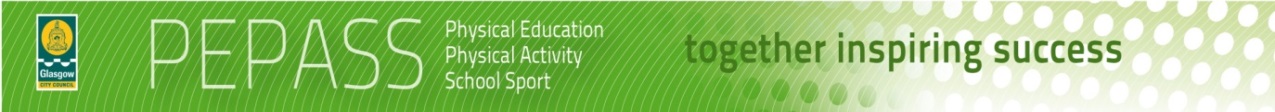
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Experience & Outcome** | **Learning Intentions** | **Success Criteria** | **Learner Experience** | **Assessment**  **Say, write, make & do** | **Evaluation** |
|  |  |  |  | Sharing learning intentions  Open Question  Thumbs up – no hands  Self-assessment  Peer assessment  2 stars & wish  Share the bigger picture  Next steps  Task observation  Record of improvement |  |
| Appropriate Benchmarks | |
|  | |
| **SAL’s** |
|  |



Class: Teacher: Date:

Physical Education Planning Sheet