

General Observations

Me and My Family

All About Me



Level 1

Session: My Listening Ears		Objective: To notice sounds around me.			Aspect: 1	Date:	Group
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Session: My Sound		Objective: To explore how to make different instrumental sounds.			Aspect: 2	Date:	Group
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Session: My Noisy Feet		Objective: To explore the sounds our bodies can make.			Aspect: 3	Date:	Group
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Session: Silly Mouth Dance		Objective: To explore different mouth movements.			Aspect: 6	Date:	Group
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name:
Session: What I Like to Eat		Objective: Explore different voice sounds.			Aspect: 6	Date:	Group
Name:	Name:	Name:	Name:	Name:	Name:	Name:	Name: