

Template: ELO Child Activity Matrix (Individual)

Name: _____ Class: _____ For the period of: _____

Fill in the classroom schedule in the first column. Write the child's current learning goals across the top row. Fill in the appropriate cells with brief versions of the selected teaching or support strategy. At the end of a day or week, evaluate the effectiveness of the planned strategies using the tick boxes.

Evaluation ☐: ✓Good * Need support

Daily Routines / Activities	Objective 1	Objective 2	Objective 3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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