

ELEMENTARY CURRICULUM OVERVIEW

The Curriculum Overview contains a full listing of all program template lessons from each content area covered in the Curriculum. Although you will be able to run reports containing information specific to each student, you may find this document helpful for keeping track of the specific lessons your student is working on until you become proficient at running reports.

Student Name: _____

Date: _____

FUNCTIONAL READING

<input type="checkbox"/> A—Letter/Sound Identification
<input type="checkbox"/> B—Name Identification
<input type="checkbox"/> C—Sight Words (Phase I)
<input type="checkbox"/> D—Sight Words (Phase II)
<input type="checkbox"/> E—Reading Comprehension
<input type="checkbox"/> F—Building Proficiency

COLORS

<input type="checkbox"/> A—Matching Colors
<input type="checkbox"/> B—Identifying Colors
<input type="checkbox"/> C—Color-to-Word Comprehension

SHAPES

<input type="checkbox"/> A—Matching Shapes
<input type="checkbox"/> B—Identifying Shapes
<input type="checkbox"/> C—Shape-to-Word Comprehension

LOCATION CONCEPTS

<input type="checkbox"/> A—Tier 1
<input type="checkbox"/> A—Tiers 1 and 2
<input type="checkbox"/> A—Tiers 1, 2, and 3
<input type="checkbox"/> A—Tiers 1, 2, 3, and 4
<input type="checkbox"/> B—Concept-to-Word Comprehension

TECHNOLOGY

<input type="checkbox"/> ALL—Managing Accessibility Options
<input type="checkbox"/> A1—Using a Tablet for Leisure
<input type="checkbox"/> B1—Using a Tablet for Daily Tasks
<input type="checkbox"/> A2—Having Conversations
<input type="checkbox"/> B2—Making Emergency Calls
<input type="checkbox"/> C2—Texting
<input type="checkbox"/> A3—Matching Letters

TECHNOLOGY, CONTINUED

<input type="checkbox"/> B3—Typing
<input type="checkbox"/> C3—Operating a Computer
<input type="checkbox"/> D3—Emailing
<input type="checkbox"/> E3—Safe/Appropriate Online Practices
<input type="checkbox"/> F3—Using the Internet

WRITING

<input type="checkbox"/> A—Name
<input type="checkbox"/> B—The Alphabet (Phase I)
<input type="checkbox"/> C—Numbers (Phase I)
<input type="checkbox"/> D—Personal Information (Phase I)
<input type="checkbox"/> E—The Alphabet (Phase II)
<input type="checkbox"/> F—Numbers (Phase II)
<input type="checkbox"/> G—Personal Information (Phase II)

TIME TELLING

<input type="checkbox"/> A—Using a Schedule
<input type="checkbox"/> B1—Matching Time
<input type="checkbox"/> B2—Digital Time
<input type="checkbox"/> C—Telling Analog Time

CALENDAR

<input type="checkbox"/> A—Days and Months
<input type="checkbox"/> B—Calendar Concepts
<input type="checkbox"/> C—Identifying Dates

MONEY MATH—CALCULATOR

<input type="checkbox"/> A1—Entering Numbers
<input type="checkbox"/> B1—Adding/Subtracting Numbers
<input type="checkbox"/> C1—Entering Prices
<input type="checkbox"/> D1—Adding Prices
<input type="checkbox"/> E1—Subtracting Prices

MONEY MATH—BILLS

<input type="checkbox"/> A2—Number Identification
<input type="checkbox"/> B2—One-to-One Correspondence
<input type="checkbox"/> C2—Rote Counting
<input type="checkbox"/> D2—Comparing Numbers
<input type="checkbox"/> E2—Next-Dollar Strategy
<input type="checkbox"/> F2—Over-the-Amount

MONEY MATH—COINS

<input type="checkbox"/> A3—Matching/Counting Coins (Phase I)
<input type="checkbox"/> B3—Matching/Counting Coins (Phase II)
<input type="checkbox"/> C3—Counting Coins
<input type="checkbox"/> D3—Counting Coin Combinations
<input type="checkbox"/> E3—Counting Exact Change
<input type="checkbox"/> F3—Counting Over-the-Amount

COMMUNITY-BASED TRAINING

<input type="checkbox"/> Street Crossing
<input type="checkbox"/> Transportation Prep
<input type="checkbox"/> Community Safety
<input type="checkbox"/> Using a Vending Machine
<input type="checkbox"/> Shopping
<input type="checkbox"/> Shopping with a Calculator
<input type="checkbox"/> Eating Out (Restaurant)
<input type="checkbox"/> Eating Out (Fast Food)

INDEPENDENT SKILLS

<input type="checkbox"/> Picture Identification (Communication)
<input type="checkbox"/> Greeting (Social Skills)
<input type="checkbox"/> Break Choices (Community and Recreation)
<input type="checkbox"/> Checking Schedule (Classroom Work Skills)
<input type="checkbox"/> Using the Bathroom
<input type="checkbox"/> Teeth Brushing
<input type="checkbox"/> Dressing: Pants
<input type="checkbox"/> Dressing: Shirt
<input type="checkbox"/> Dressing: Socks
<input type="checkbox"/> Dressing: Shoes
<input type="checkbox"/> Dressing: Ties Shoelaces
<input type="checkbox"/> Hand Washing