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| **EVALUATION TO DO WITH THE FAMILY** **DURING CONFINEMENT** |
| **TO THINK...** | **YES** | **NO** |
| 1. HAVE WE DONE THE ACTIVITIES?
 |  |  |
| 1. HAVE I LEARNED NEW THINGS?
 |  |  |
| 1. HAVE WE MADE THEM WITH EFFORT AND ENJOYING THE RESULTS?
 |  |  |
| 1. HAVE I IMPROVED IN AUTONOMY?
 | * DRESSING AND UNDRESSING
 |  |  |
| * EAT ALONE
 |  |  |
| * CLEAN ME UP
 |  |  |
| 1. HAVE I COLLABORATED IN THE HOUSEHOLD TASKS?
 | * SET AND UNSET THE TABLE
 |  |  |
| * PICK UP THE TOYS
 |  |  |
| * TIDY UP MY CLOTHES
 |  |  |
| * COLLABORATE IN THE KITCHEN
 |  |  |
| 1. HAVE I COLLABORATED IN THE HOUSEHOLD TASKS?
 |  |  |

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| **EVALUATION TO DO WITH THE FAMILY** **DURING CONFINEMENT** |
| **TO THINK...** | **SI** | **NO** |
| 1. AT THE TIME OF DRAWING, BUILDING, REPRESENTING, PLAYING...
 | * HAVE I WORKED IN SILENCE TO CONCENTRATE?
 |  |  |
| * BEFORE STARTING, HAVE I THOUGHT ABOUT WHAT I WANT TO DO?
 |  |  |
| * I KNOW HOW TO DO THE MOVEMENTS OF THE WRIST AND FINGERS? (FINE MOTOR SKILLS)
 |  |  |
| * AT THE TIME OF DRAWING, I HAVE SLOWLY ERASED BEING CAREFUL WITH THE PAPER?
 |  |  |
| * AT THE TIME OF PAINTING HAVE I TRIED NOT TO GET OUT OF THE LINE?
 |  |  |
| * HAVE I IMPROVED IN CONCENTRATION AND MEMORY?
 |  |  |
| * HAVE I PREPARED THE REQUIRED MATERIAL BEFORE STARTING?
 |  |  |
| * HAVE WE TALK ABOUT THE RESULT, IF I LIKE IT, OTHER POSSIBILITIES?
 |  |  |
| * HAVE I WRITTEN THE NAME, THOUGHT A TITLE?
 |  |  |

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| **WHAT HAVE I LEARNED THIS WEEK? I CAN WRITE OR DRAW.** |