# Brightwater Experience

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| --- | --- | --- | --- |
| Administrative Details: | School: | Teacher Name(s): | Date of Experience: |
| Course Name: | Number of Learners: | Number of Learning Sessions: |
| Areas of Curricular Emphasis (Based on Number of Learning Sessions) |
| Curricular Connection(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Curricular Connection(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unit(s): | Unit(s): |
| Outcome(s): | Outcome(s): |
| Level of Inquiry:

|  |  |
| --- | --- |
| * 1: Confirmation
 | * 2: Structured
 |
| * 3: Guided
 | * 4: Open
 |

 | Level of Inquiry:

|  |  |
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 |
| * 3: Guided
 | * 4: Open
 |

 |
| Facilitator Requested:

|  |  |  |
| --- | --- | --- |
| * Liz: Science
 | * Sandra: Social Studies
 | * Kevin: Art
 |
| * Faye: Traditional Knowledge
 | * Classroom Teacher
 | * Other
 |

Inquiry Question:Collaboration Notes: | Facilitator Requested:

|  |  |  |
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 |

Inquiry Question:Collaboration Notes: |
| Pre-teaching: What do students need to know or be able to do before going to Brightwater?  | Post-teaching: What follow up will happen after the Brightwater experience? What opportunities will students have to explore new questions from their Brightwater Experience? | Pre-teaching: What do students need to know or be able to do before going to Brightwater? | Post-teaching: What follow up will happen after the Brightwater experience? What opportunities will students have to explore new questions from their Brightwater Experience? |
| Assessment: What evidence will students show of their learning? | Assessment: What evidence will students show of their learning? |
| * Observation
* Conversation
* Product
 | Description: | * Observation
* Conversation
* Product
 | Description: |

|  |  |
| --- | --- |
| Curricular Connection(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Curricular Connection(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Unit(s): | Unit(s): |
| Outcome(s): | Outcome(s): |
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