

Applied Concept Term Activity Form

Student's Name:	Date:
Theme of Activity: What is the overlying subject or topic of the activity?	
Purpose of Activity: What is the general idea and abstract goal of the activity?	
Location of Activity: Where will the activity take place?	Mode of Transportation: How will the student get there?
Objectives: What are the specific and measurable ways that learning will happen during ACT?	
1. _____ _____	
2. _____ _____	
3. _____ _____	
4. _____ _____	
5. _____ _____	
Assessment: What will be used to show that learning has happened?	

Student's Signature _____

Parent's Signature _____

Teacher's Signature _____