 Province of the

**EASTERN CAPE**

**EDUCATION**

**ALFRED NZO EAST**

**LIFE ORIENTATION/LIFE SKILLS**

DAILY PREPERATION

DATE: TERM:

TOPIC: GRADE:

SUBTOPIC: WEEK:

DURATION:

|  |  |
| --- | --- |
| TEACHER ACTIVITIES | LEARNER ACTIVITIES |
| 1. |  |
|  |  |
|  |  |
| 2. |  |
|  |  |
|  |  |
| 3. |  |
|  |  |
| 4. |  |
|  |  |
| 5. |  |
|  |  |

**ASSESSMENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EDUCATOR’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOD’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_