

NAME _____

I.C.T.		
FUNCTIONAL TECHNOLOGY	GGA Level 3	
Communication & Information Skills	Independent Living	Leisure
<ul style="list-style-type: none"> • Co-actively experiences operating an information carrying device Please specify • Begins to show an interest in the sounds from an information carrying device Please specify • Focuses attention sounds from an information carrying device Please specify 		<ul style="list-style-type: none"> • Coactive exploration of creating sound/images or movement patterns • • Shows interest or pleasure in sounds/images or movement patterns..... • Focuses attention on sounds/images or movement patterns..... • Begins to track moving images • Briefly tracks images moving in the horizontal or vertical plane • Briefly tracks images moving randomly across a screen.....
<p>Optional resources: Big mack</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: auto; text-align: center; line-height: 20px;">9</div>		<p>Optional resources: DVD player Bubble tube Projector Ipad Tablet Computer</p>

	Date		Date		Date		Date		Date
20% Achieved		40% Achieved		60% Achieved		80% Achieved		Level Achieved	