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|  | **Focus for the session** | **Review** (3 mins) | **Teach** (3 mins) | **Practise** (8 mins) | **Apply** (4 minutes) | **Evaluation/****assessment** |
| Monday |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |

Where appropriate, additional sessions focused on the application of phonics will be indicated on other planning.

**Assessment**

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| Children’s names | R/A/G | Further comment (if applicable) |
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