



"Quête pour l'excellence"  
"Yumi eini blo kasem ekselens"



Government of Vanuatu

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# Central School

## Home School Package

**Year :7 A&B**















Ministry of Education and Training / Ministère de l'Éducation et de la Formation  
Republic of Vanuatu / République du Vanuatu

## **HOME SCHOOL PACKAGE CONTENT**

- 1) Jacob and Esau**
- 2) Joesph**
- 3) Moses (God prepares Moses)**
- 4) The Escape from Egypt**
- 5) Learning to trust God in Deserts**
- 6) The ten commandments**
- 7) A General survey of the first Missionaries**
- 8) Individuals projects on Missionaries from one Area**
- 9) Good and Bad Results of the coming of missionaries to vanuatu.**

## LESSON Plan

 <p>Teacher</p>	Name : Silas Ali Silas Subject : Religious Education
 <p>Date</p>	Term 2 Week 8 ( subject to change depending on the situations Covid-19)
	Topic : The Escape from Egypt Lesson number : 8
 <p>Learning outcomes</p>	To learn the different challenges face before escaping.
 <p>Introduction</p>	The passover

	<p>Catch phrase for the lesson: courage and trust.</p>
 Learners notes	<p>Summary</p> <p>Gods guidance in times of trouble.</p>
 Visual aids	<p><a href="https://www.youtube.com/watch?v=A2pQzJf3eG8">https://www.youtube.com/watch?v=A2pQzJf3eG8</a>  <a href="https://www.youtube.com/watch?v=aXijismLos0">https://www.youtube.com/watch?v=aXijismLos0</a></p>
 Exercises	<p>Study Exodus 12 :3,6-13, 34, 39 and find out the answers to these questions :-</p> <ol style="list-style-type: none"> <li>What three things did the people eat during the passover meal ? (12 :8)</li> <li>Why did they eat standing up ? (12 :11)</li> <li>Why did they make bread without yeast ?</li> <li>What would the lamb remind themof ? (12 :7,13)</li> </ol>
 Assignment	<p>Read Exodus 13 :17-18 describe the Route of the exodus.</p>
 Assessment	
 References	<p>Bible</p>



**WEEKLY CHECKLIST For Parents:**

**Term: 2    Week number 5    Date..... to.....    Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				
	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 2    Date..... to..... Month: .....**

<b>Subject</b>	<b>Number of lessons</b>	<b>Days</b>	<b>Tick when activity is complete</b>	<b>Parents comment</b>	<b>Signature</b>
	<b>1</b>				
	<b>2</b>				
	<b>3</b>				
	<b>4</b>				
	<b>5</b>				
	<b>6</b>				

**Term: 2    Week number 3    Date..... to..... Month: .....**

<b>Subject</b>	<b>Number of lessons</b>	<b>Days</b>	<b>Tick when activity is complete</b>	<b>Parents comment</b>	<b>Signature</b>
	<b>1</b>				

	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 4    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				
	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 5    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				

	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 6    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				
	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 7    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				



	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 8    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				
	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 9    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				

	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 10    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				
	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 11    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				

	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 12    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is complete	Parents comment	Signature
	1				
	2				
	3				
	4				
	5				
	6				

**Term: 2    Week number 13    Date..... to..... Month: .....**

Subject	Number of lessons	Days	Tick when activity is	Parents comment	Signature

			<b>complete</b>		
	<b>1</b>				
	<b>2</b>				
	<b>3</b>				
	<b>4</b>				
	<b>5</b>				
	<b>6</b>				