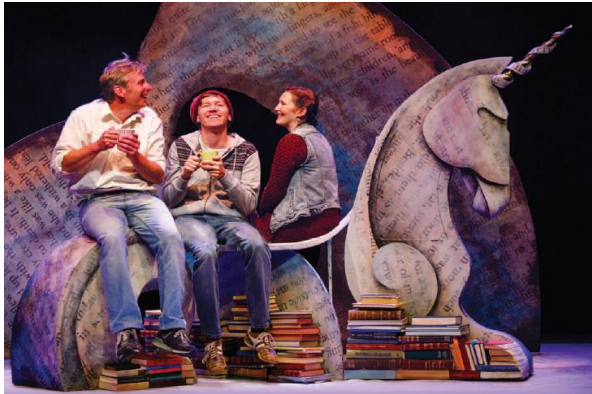


Tuesday 30<sup>th</sup> June 2020 - Day 2

**LO: I can explore the characters and setting of 'I Believe in Unicorns'**



We are going to travel to another place for a story about a child who is near your age. We need to imagine what it is like where he lives.

### Task

1. Locate Slovenia on a map of Europe.
2. Look at this picture of Bled in Slovenia. Imagine you are standing in the picture.

Draw a quick sketch of Bled and write your thoughts on the senses around it.



- What would you hear?
  - What would you smell?
  - What textures would you touch? (e.g. think about the weather on your face, the ground beneath your feet, the surfaces you might touch with your hand).
  - What would you see?
  - What sorts of activities might you do if you lived there?
3. Look at the silhouettes of the characters in our Year 5 folder and read their quotation. What kind of person might they be based on this information? Use the list of words provided or a thesaurus to help you.
  4. Choose a character from the list and infer answers to these questions:

- The expression on their face
- What they might be wearing
- What they might be doing
- Are they most likely to enjoy reading books, listening to stories, or telling stories themselves?
- Where might the character want to be when they are having a story?
- To whom would they tell stories themselves?

Write your ideas in your book.

# Challenge 'Prescribe' (recommend) a story to the character you have chosen. This could be a story you love and would share with a friend or else you could make up a story yourself. Use the following prompts to help you.

- What type of story might they enjoy? (e.g. love story, action, adventure, mystery...)
- Who would be the main character?
- Where would it be set?
- What would happen?
- Would it have a happy, sad, funny or mysterious ending?

**STORY PRESCRIPTION**

PRESCRIBED TO: \_\_\_\_\_

Description of Story Prescription:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Instructions for taking Story Prescription**

Once/ Twice/ 3 Times      Daily/ Weekly/ Monthly

Possible side effects:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: Dr \_\_\_\_\_

Qualified Book Doctor