

LESSON PLAN TEMPLATE

Teacher _____

Grade _____

Subject: _____

Level: _____

Week of: _____

		<u>OBJECTIVES/KEY CONCEPTS</u>	<u>INSTRUCTIONAL MATERIALS</u>	<u>STRATEGIES</u>	<u>ASSESSMENT</u>	<u>INSTRUCTIONAL MODIFCATIONS</u>
MONDAY			TEXT:	LECTURE: <input type="checkbox"/>	HOMEWORK:	SpEd/GT <input type="checkbox"/> Vocabulary Icons <input type="checkbox"/> Skeleton Outline <input type="checkbox"/> Highlighting <input type="checkbox"/> Shortened Assignments <input type="checkbox"/> Extended Time <input type="checkbox"/> Note-Taking <input type="checkbox"/> Peer Tutoring <input type="checkbox"/> Discovery Learning <input type="checkbox"/> Analysis <input type="checkbox"/> Cooperative Grouping <input type="checkbox"/> Other: _____
			WORKSHEET:	TACTILE: <input type="checkbox"/>	CLASSWORK:	
			PROJECTOR:	ORAL READING: <input type="checkbox"/>	PROJECT:	
			VIDEO CLIP:	GROUP DISCUSS: <input type="checkbox"/>	OBSERVE:	
				COOP LRNING: <input type="checkbox"/>	QUIZ:	
	TAKS Obj.	TEKS:	GUIDED PRACT: <input type="checkbox"/>	TEST:		
			IND. PRACT: <input type="checkbox"/>	RETEACH:		
			Q&A <input type="checkbox"/>			
			MEDIA: <input type="checkbox"/>			
			LAB: <input type="checkbox"/>			
TUESDAY			TEXT:	LECTURE: <input type="checkbox"/>	HOMEWORK:	
			WORKSHEET:	TACTILE: <input type="checkbox"/>	CLASSWORK:	
			PROJECTOR:	ORAL READING: <input type="checkbox"/>	PROJECT:	
			VIDEO:	GROUP DISCUSS: <input type="checkbox"/>	OBSERVE:	
				COOP LRNING: <input type="checkbox"/>	QUIZ:	
	TAKS Obj.	TEKS:	GUIDED PRACT: <input type="checkbox"/>	TEST:		
			IND. PRACT: <input type="checkbox"/>	RETEACH:		
			Q&A <input type="checkbox"/>			
			MEDIA: <input type="checkbox"/>			
			LAB: <input type="checkbox"/>			
WEDNESDAY			TEXT:	LECTURE: <input type="checkbox"/>	HOMEWORK:	
			WORKSHEET:	TACTILE: <input type="checkbox"/>	CLASSWORK:	
			PROJECTOR:	ORAL READING: <input type="checkbox"/>	PROJECT:	
			VIDEO:	GROUP DISCUSS: <input type="checkbox"/>	OBSERVE:	
				COOP LRNING: <input type="checkbox"/>	QUIZ:	
	TAKS Obj.		GUIDED PRACT: <input type="checkbox"/>	TEST:		
			IND. PRACT: <input type="checkbox"/>	RETEACH:		
			Q&A <input type="checkbox"/>			
			MEDIA: <input type="checkbox"/>			
			LAB: <input type="checkbox"/>			
THURSDAY			TEXT:	LECTURE: <input type="checkbox"/>	HOMEWORK:	
			WORKSHEET:	TACTILE: <input type="checkbox"/>	CLASSWORK:	
			PROJECTOR:	ORAL READING: <input type="checkbox"/>	PROJECT:	
			VIDEO:	GROUP DISCUSS: <input type="checkbox"/>	OBSERVE:	
				COOP LRNING: <input type="checkbox"/>	QUIZ:	
	TAKS Obj.		GUIDED PRACT: <input type="checkbox"/>	TEST:		
			IND. PRACT: <input type="checkbox"/>	RETEACH:		
			Q&A <input type="checkbox"/>			
			MEDIA: <input type="checkbox"/>			
			LAB: <input type="checkbox"/>			
FRIDAY			TEXT:	LECTURE: <input type="checkbox"/>	HOMEWORK:	<u>Testing Modifications</u> <input type="checkbox"/> Oral testing <input type="checkbox"/> Shortened test <input type="checkbox"/> Other: _____
			WORKSHEET:	TACTILE: <input type="checkbox"/>	CLASSWORK:	
			PROJECTOR:	ORAL READING: <input type="checkbox"/>	PROJECT:	
			VIDEO:	GROUP DISCUSS: <input type="checkbox"/>	OBSERVE:	
				COOP LRNING: <input type="checkbox"/>	QUIZ:	
	TAKS Obj.	TEKS:	GUIDED PRACT: <input type="checkbox"/>	TEST:		
			IND. PRACT: <input type="checkbox"/>	RETEACH:		
			Q&A <input type="checkbox"/>			
			MEDIA: <input type="checkbox"/>			
			LAB: <input type="checkbox"/>			