

LESSON PLAN (Optional)

Teacher's Name: _____

Date: _____

Class / Period: _____

Learning Standard(s): _____

Objective: Student's will _____

Materials:
Student Prior Knowledge/Prerequisite Skills
Method/Process:
Evaluation/Assessment:
Unique Class Characteristics/Differentiation for specific students:
Recommendations of Area(s) to focus on: (optional)
Notes:

Evaluator Signature / Date

Teacher Signature / Date