

Lesson Planning Form

Teachers: _____ Class/Subject: _____ Date: _____

Goals

- 1.
- 2.
- 3.
- 4.
- 5.

Lesson Date	Goal Number	Student Grouping Whole/Small Group	Teacher Assigned Teacher/Role	Student Activity	Modifications/Accommodations	Supportive/Extension Activities Teacher Assigned

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Lesson Delivery Reflection

Teachers: _____

Class/Subject: _____

Date: _____

Questions	Response		Our Successes	Improvement Strategies
	Yes	No		
Lesson Delivery				
Delivered as planned?				
Designated roles performed?				
Mods/Accomm appropriate?				
Grouping appropriate?				
Supportive activities appropriate?				
Clear objectives, processes, outcomes?				
Instructional Methods				
Academic objectives appropriate?				
Was re-teach needed?				
Was enrichment needed?				
Modeling Collaboration				
Was effective collaboration modeled?				
What aspect was each partner most proud of?				
Was responsibility distributed equitably?				
Skill Acquisition				
What was learned from watching each partner?				
Do partners desire professional growth objectives for next lesson?				
How is partner to monitor these objectives?				
Other:				