

# Lesson Planning Form

Teachers: \_\_\_\_\_ Class/Subject: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Goals</u>						
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

# Lesson Planning Form

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

# Lesson Delivery Reflection

Teachers: \_\_\_\_\_

Class/Subject: \_\_\_\_\_

Date: \_\_\_\_\_

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