

Date: _____

Teacher: _____

Lesson Plan

Pre-Lesson

Activity:

Time: _____ to _____

Materials:

Book & Page#:

Main Lesson

Activity:

Time: _____ to _____

Materials:

Book & Page#:

Post-Lesson

Activity:

Time: _____ to _____

Materials:

Book & Page#:

Evaluation

Activity:

Time: _____ to _____

Materials:

Book & Page#: