**Weekly Lesson Plan Format**

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade/Room:\_\_\_\_

Period(s)/Block(s) (Time):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Week of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations for 1. Small Group 2. Extended Time 3. Test Read Aloud

Students with Special Needs: 4. Modified Assignments 5. Preferential Seating 6. Oral Testing

7. Other

|  |  |  |
| --- | --- | --- |
| Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_  Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_** | **Objective(s) and/or State** | **Standard(s):** |
| **Materials:**  Transparency, manipulatives, dry erase board, informational resources, software, etc. | **Content:** |  |
| **Technology**: YES NO  **Assessment**:  Formal Informal Alternative | **Teacher Procedure:** | *Reteaching/Enrichment:* |
|  | **Accommodations: (circle)**  7 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 2 3 4 5 6 |
| Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_  Unit:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_** | **Objective(s) and/or State** | **Standard(s):** |
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