

# LESSON PLAN TEMPLATE

<b>Student Name:</b>		
<b>Professor:</b>	<b>Course # and Title:</b>	<b>Semester:</b>
<b>Assignment:</b>		
<b>Age Group This Activity is Planned For:</b>		

## ACTIVITY INFORMATION

For each area, please see Lesson Plan Information sheet for details.

<b>Title of Activity:</b>	<b>Curriculum Area:</b>
<b>ACTIVITY GOALS/Key Concepts:</b> 1.) 2.)	
<b>ACTIVITY OBJECTIVES</b>	
1.) The child will	
2.) The child will	

## **MATERIALS**

<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
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## **ACTIVITY SET-UP**

(location in classroom, specific preparation before entering the classroom or conducting the activity, desired placement of materials for the activity, etc.)
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**ACTIVITY PROCEDURE**

(Make sure to include ALL items listed under Procedure on the Lesson Plan Information sheet. Use OUTLINE form.)

**OPPORTUNITIES FOR EXTENSION**

**METHODS OF EVALUATION OF GOALS AND OBJECTIVES**

**METHODS OF ACTIVITY ADJUSTMENT FOR INDIVIDUAL NEEDS**

**REFERENCES**

**\*\*\*THE FOLLOWING PORTION SHOULD ONLY BE COMPLETED FOR THOSE CHDV ASSIGNMENTS  
REQUIRING IMPLEMENTATION OF THE LESSON PLAN\*\*\***

Lesson plan must have the professor's signature before presentation to the children or no credit will be given for completion of the lesson plan.

Professor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CENTER INFORMATION**

<b>Name of Center:</b>	<b>Proposed Date of Activity:</b>
<b>Name of Teacher:</b>	<b>Proposed Time for Activity:</b>
<b>Age of Children:</b>	<b>Proposed Length of Lesson Plan:</b>

**EVALUATION OF THE ACTIVITY**

(this portion should be double-spaced and use complete sentences and paragraph form)

**STRENGTHS OF THE ACTIVITY:**

**WEAKNESSES OF THE ACTIVITY:**

**CHANGES FOR NEXT TIME:**

**OBSERVATIONS OF THE ACTIVITY AND THE CHILDREN'S RESPONSE (INCLUDING HOW/WHETHER GOALS & OBJECTIVES WERE MET):**

**PERSONAL REFLECTIONS ON THE EXPERIENCE:**

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*(Print this page and take with you when you implement the activity.)*

**EVALUATION BY SUPERVISING TEACHER AT CENTER**

<b>Student's Name:</b>	
<b>Activity:</b>	
<b>Palomar Professor's Name:</b>	<b>Class Name/#:</b>

**STUDENT RESPONSIBILITIES FOR THE ACTIVITY**

(Please complete on a scale of 1 to 5, 1 being poor/not met, and 5 being outstanding/fully met)

<b>ACTIVITY DESCRIPTION</b>	<b>RATING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Student contacted you in advance of the activity.						
Set up on the day of the activity.						
Activity was appropriate to the center & age of the children.						
Interaction with the children was appropriate, i.e. eye contact, amount and type of communication, vocabulary...						
Student showed responsiveness and sensitivity to the individual needs of the children.						
Appropriate limits were set and maintained.						
Student demonstrated creative effort.						
Clean up was planned and carried through.						
<b>Overall evaluation of the activity and presentation.</b>						

**COMMENTS**

Please list ways you felt the activity went well:
Please list suggestions for the student in regards to future lesson plans/interactions with children:
Other comments:

Signature of Supervising Teacher:	
Supervising Teacher (printed name):	
Date:	Phone or email: