

Template for Daily Lessons

Day _____ of _____

Readiness Indicator(s) for Today's Activities # ____ # ____	Description
State/District Standard(s) for Today's Activities # ____ # ____ # ____ # ____ # ____ # ____	Description

Anticipated Times * (90-minute Block Schedule)	Sequence of Instruction	Activities Checklist
____ minutes (3)	Get Started	___ Admit slip ___ Post/discuss/copy objectives ___ Write in journal ___ Solve problems ___ Answer questions ___ Pre-assessment ___ Other _____
____ minutes (5)	Engage	___ Display object/picture ___ Demonstrate reaction ___ Model/demonstrate lab ___ Discuss previous experiences ___ Other _____
____ minutes (15)	Explore	___ Brainstorm ___ Create lists ___ Investigate ___ Build a model ___ Work problem ___ Analyze data ___ Lab activity ___ Evaluate steps ___ Other _____
____ minutes (15)	Explain	___ Lecture with guided notes ___ Student presentations ___ Media presentation ___ Interactive discussion ___ Other _____
____ minutes (10)	Practice Together	___ Complete practice problems/labs ___ Use manipulatives ___ Construct graph/timelines ___ Make predictions ___ Collaborative writing ___ Whole group graphic organizers ___ Other _____

_____ minutes (10)	Practice in Teams/groups/buddy-pairs	<input type="checkbox"/> Solve similar problems <input type="checkbox"/> Practice active reading strategies <input type="checkbox"/> Answer questions <input type="checkbox"/> Peer review/edit <input type="checkbox"/> Design other problems/questions/labs <input type="checkbox"/> Research information <input type="checkbox"/> Other _____
_____ minutes (10)	Practice Alone	<input type="checkbox"/> Draft writing <input type="checkbox"/> Answer questions/problems <input type="checkbox"/> Design/construct other problems/questions/labs <input type="checkbox"/> Revise work <input type="checkbox"/> Design individual investigation/project <input type="checkbox"/> Other _____
_____ minutes (15)	Evaluate understanding (Daily/Weekly/Post-Assessment)	<input type="checkbox"/> Discussion <input type="checkbox"/> Open-response question(s) <input type="checkbox"/> Quiz/test (academic/authentic) <input type="checkbox"/> Writing sample <input type="checkbox"/> Individual project/investigation/presentation <input type="checkbox"/> Other _____
_____ minutes (5)	Closing Activities	<input type="checkbox"/> Assign/explain homework <input type="checkbox"/> Review major points <input type="checkbox"/> Answer questions <input type="checkbox"/> Student reflection activity <input type="checkbox"/> Exit slip <input type="checkbox"/> Other _____
_____ As Needed	Enrichment/Extension/Re-teaching/ Accommodation(s)	<input type="checkbox"/> Review <input type="checkbox"/> Practice <input type="checkbox"/> Reading <input type="checkbox"/> Tutoring <input type="checkbox"/> Individual assignment <input type="checkbox"/> Other _____

Resources/Instructional Materials Needed