**LESSON PLAN TEMPLATE**

|  |  |  |
| --- | --- | --- |
| **Student Name:** | | |
| **Professor:** | **Course # and Title:** | **Semester:** |
|  |  |  |
| **Assignment:** | | |
| **Age Group This Activity is Planned For:** | | |

**ACTIVITY INFORMATION**

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

|  |  |
| --- | --- |
| **Title of Activity:** | **Curriculum Area:** |
| **ACTIVITY GOALS/Key Concepts: 1.)**  **2.)** | |
| **ACTIVITY OBJECTIVES** | |
| **1.) The child will** | |
| **2.) The child will** | |

**MATERIALS**

|  |  |
| --- | --- |
|                |                |

**ACTIVITY SET-UP**

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

**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**

## *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**

|  |  |
| --- | --- |
| **Name of Center:** | **Proposed Date of Activity:** |
| **Name of Teacher:** | **Proposed Time for Activity:** |
| **Age of Children:** | **Proposed Length of Lesson Plan:** |

**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:** |

## *REQUIRING IMPLEMENTATION OF THE LESSON PLAN\*\*\**

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

# EVALUATION BY SUPERVISING TEACHER AT CENTER

|  |  |
| --- | --- |
| **Student’s Name:** | |
| **Activity:** | |
| **Palomar Professor’s Name:** | **Class Name/#:** |

**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)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ACTIVITY DESCRIPTION RATING** | **1** | **2** | **3** | **4** | **5** |
| 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. |  |  |  |  |  |
| **Overall evaluation of the activity and presentation.** |  |  |  |  |  |

# 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: |

*Appendix A – Rev. 11.14.11*