



Lesson Plan – On Cloud Nine (SAMPLE)

Week _____

Date: _____

Teacher: _____

Group/Student Name: _____

Hours per day: _____

Total hours of instruction to date: _____

Goals/Objectives:

1.

2.

3.

Timing:	Step/Procedure:	Materials:
mins		
mins		
mins		
mins		
mins		

Next Lesson Plan Goals/Objectives:

1.

2.

3.