

Campus Name				
Lesson Plan				
Teacher's Name	Course/Subject	Grade Level	Date(s)/Time	
<b>Content</b>	Objective(s)	Career Concentration(s)		
		<input type="checkbox"/> Agricultural Science <input type="checkbox"/> Human Dev., Management & Services <input type="checkbox"/> Art, Communications & Media <input type="checkbox"/> Industrial and Engineering <input type="checkbox"/> Business & Marketing <input type="checkbox"/> Personal and Protective Services <input type="checkbox"/> Health Science Technology		
	TEKS Student Expectation(s):			
	TAKS Objective(s):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10		
<b>Process</b>	Focus/Anticipatory Set	Bloom's Taxonomy in <u>Instruction</u>	Multiple Intelligences	
		<input type="checkbox"/> Remember/Literal <input type="checkbox"/> Understand/Inferential <input type="checkbox"/> Apply/Critical <input type="checkbox"/> Analyze/Critical <input type="checkbox"/> Evaluate/Critical <input type="checkbox"/> Create/Creative	<input type="checkbox"/> Verbal/Linguistic <input type="checkbox"/> Logical/Math <input type="checkbox"/> Musical/Rhythmic <input type="checkbox"/> Visual/Spatial <input type="checkbox"/> Bodily/Kinesthetic <input type="checkbox"/> Intrapersonal <input type="checkbox"/> Interpersonal <input type="checkbox"/> Naturalist	
	Use of Technology		Instructional Methodology	
	<input type="checkbox"/> Internet <input type="checkbox"/> Computer <input type="checkbox"/> Multimedia <input type="checkbox"/> Graphing Technology <input type="checkbox"/> Digital Photography <input type="checkbox"/> Software <input type="checkbox"/> Excel/Powerpoint <input type="checkbox"/> Other: _____		<input type="checkbox"/> Lecture <input type="checkbox"/> Teacher Modeling <input type="checkbox"/> Media Presentation <input type="checkbox"/> Small Group <input type="checkbox"/> Class/Group Discussion <input type="checkbox"/> Question/Answer <input type="checkbox"/> Independent Practice <input type="checkbox"/> Guided Practice	
	Instructional Activities		Material/Resource	
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
Accommodations/Modifications*				
<input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Bilingual <input type="checkbox"/> Special Education <input type="checkbox"/> Section 504	<input type="checkbox"/> Limited English Proficient <input type="checkbox"/> Dyslexia	*See attached document for listing of specific accommodations/modifications.		
<b>Product</b>	Assessment	Bloom's Taxonomy in <u>Assessment</u>		
	<input type="checkbox"/> Teacher Evaluation <input type="checkbox"/> Peer/Self Evaluation <input type="checkbox"/> Project/Activity <input type="checkbox"/> Written/Oral Presentation <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Other: _____	<input type="checkbox"/> Remember/Literal <input type="checkbox"/> Analyze/Critical <input type="checkbox"/> Understand/Inferential <input type="checkbox"/> Evaluate/Critical <input type="checkbox"/> Apply/Critical <input type="checkbox"/> Create/Creative		
	Reteach Activity/Homework	Lesson Closure		