

Choctaw County School System

School: _____

Teacher: _____ **Dates:** _____ **Grade:** _____ **Subject:** _____ **Topic:** _____

COS Objective(s) _____

ACT/CCR Standards _____

Activities/Interventions:

- | | | | | | |
|--|--|---|---|---|---|
| <input type="checkbox"/> Art Activity | <input type="checkbox"/> Guided Practice | <input type="checkbox"/> Problem Solving | <input type="checkbox"/> Student Presentations | <input type="checkbox"/> Brainstorming | <input type="checkbox"/> Graphic Organizers |
| <input type="checkbox"/> Hands-on Activity | <input type="checkbox"/> Project(s) | <input type="checkbox"/> Technology Application | <input type="checkbox"/> Competition | <input type="checkbox"/> Cooperative Learning | <input type="checkbox"/> Read Aloud |
| <input type="checkbox"/> Interactive Lecture | <input type="checkbox"/> Quiz/Test | <input type="checkbox"/> Videotape | <input type="checkbox"/> Critical Thinking Activity | <input type="checkbox"/> Lab Investigation | <input type="checkbox"/> Choral Reading |
| <input type="checkbox"/> Reading Activity | <input type="checkbox"/> Note Taking | <input type="checkbox"/> Review | <input type="checkbox"/> Writing Activity | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Outlines |
| <input type="checkbox"/> Performance Test | <input type="checkbox"/> Role Play | <input type="checkbox"/> Independent Work | <input type="checkbox"/> Small Group(s) | <input type="checkbox"/> Simulation | <input type="checkbox"/> One-on-One Instruction |
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Portfolio/Journal | <input type="checkbox"/> Lecture | <input type="checkbox"/> Inquiry Learning Activity | <input type="checkbox"/> Peer Tutoring | |

DAILY LESSONS- Provide a short description of your daily lessons. REMEMBER TO INCLUDE *BRAIN BREAK* ACTIVITIES EACH DAY!

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Daily Outcome: | Daily Outcome: | Daily Outcome: | Daily Outcome: | Daily Outcome: |
| Strategic Teaching Strategies: | Strategic Teaching Strategies: | Strategic Teaching Strategies: | Strategic Teaching Strategies: | Strategic Teaching Strategies: |
| Bell Ringer: | Bell Ringer: | Bell Ringer: | Bell Ringer: | Bell Ringer: |
| Before: | Before: | Before: | Before: | Before: |
| During: | During: | During: | During: | During: |
| After: | After: | After: | After: | After: |

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| <p>Assessment(s):</p> <p><input type="checkbox"/> Classwork <input type="checkbox"/> Homework</p> <p><input type="checkbox"/> Test/Quiz <input type="checkbox"/> Project</p> <p><input type="checkbox"/> Observation <input type="checkbox"/> Performance Obj.</p> <p><input type="checkbox"/> Class Participation <input type="checkbox"/> Entrance/Exit Ticket</p> <p><input type="checkbox"/> Rubric</p> <p>Resources:</p> <p><input type="checkbox"/> Textbook <input type="checkbox"/> Handout</p> <p><input type="checkbox"/> Calculator <input type="checkbox"/> Multimedia</p> <p><input type="checkbox"/> Website _____</p> <p><input type="checkbox"/> Other _____</p> | <p>Accommodations:</p> <p><input type="checkbox"/> Extended Time</p> <p><input type="checkbox"/> Study Guide</p> <p><input type="checkbox"/> Manipulative Material</p> <p><input type="checkbox"/> Shortened Assignment</p> <p><input type="checkbox"/> Teacher Read Test</p> <p><input type="checkbox"/> Peer Tutoring</p> <p><input type="checkbox"/> Other _____</p> <p>Explanation:</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
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Additional Information: