

# Lesson Plan



Title \_\_\_\_\_

Unit \_\_\_\_\_ Grade level \_\_\_\_\_

Teacher \_\_\_\_\_

Suggested time \_\_\_\_\_

## 1. Anticipatory Set and Scaffolding

Objectives

## 2. Presentation/Procedure

## 3. Guided Practice

**4. Check for Understanding**

**5. Independent Practice**

**6. Assessment/Homework/Project**

**7. State Content Standards**

**8. Modifications/Special Needs/Technology**