**School Name** **Classroom Number**

**Daily Lesson Plan** **Date**

|  |  |
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| **Greeting Time**  Morning Messages: enter text  Book to read aloud:enter text  Vocabulary: enter text  Questions to ask: enter text | |
| **Planning/Recall** *Teacher*  Activity: enter text  Materials needed:enter text  Short description: enter text  Individualization: enter text | **Planning/Recall** *Teacher Assistant*  Activity: enter text  Materials needed:enter text  Short description: enter text  Individualization: enter text |
| **Work Time**  Individualization: enter text  Clean up strategies: enter text | |
| **Small Group** *Teacher*  Activity: enter text  Goal:  Materials needed: enter text  Steps: enter text  Individualization:   |  |  |  | | --- | --- | --- | | Earlier | Middle | Later | | enter text | enter text | enter text |   Transition out: enter text | **Small Group** *Teacher Assistant*  Activity: enter text  Goal:  Materials needed: enter text  Steps: enter text  Individualization:   |  |  |  | | --- | --- | --- | | Earlier | Middle | Later | | enter text | enter text | enter text |   Transition out: enter text |
| **Large Group Time**  Activity: enter text  Goal:  Materials needed: enter text  Steps: enter text  Individualization: enter text  Transition out: enter text | |
| **Outside Time(s)/Gross Motor**  Materials needed: enter text  Transition: enter text | |
| **Toothbrushing:** enter text  **Meals:** enter text | |
| **Breathing Techniques/Conscious Discipline strategies:** enter text | |
| **Departure:** enter text | |

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