**Weekly Lesson Plan Overview**

Teachers: enter text Week of: enter text Classroom: enter text

**To Be Done Daily**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Lesson Plan Criteria** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Language and Literacy** |  |  |  |  |  |
| **Math/Science** |  |  |  |  |  |
| **Social/Emotional** |  |  |  |  |  |
| **Fine Motor** |  |  |  |  |  |
| **Creative Arts** |  |  |  |  |  |

Instructions: Select which part of the day each content area will be the learning goal- for each day.

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| --- | --- | --- |
| **Lesson Plan Criteria** | | |
| **Health/Nutrition** |  |  |
| **Safety**  \*Every day for 1st 30 days, then weekly. |  |  |
| **Cultural Awareness/Social Studies** |  |  |

**To Be Done Weekly**

Instructions: Select which day and which part of daily routine

|  |  |  |
| --- | --- | --- |
| **Lesson Plan Criteria** | | |
| **Parent Engagement** |  | enter text |

Instructions: Select which day and include the name of the specific resource or document or information sent to parents

|  |  |
| --- | --- |
| **Lesson Plan Extensions** | |
| **Math** | enter text |
| **Social/Emotional** | enter text |
| **Language and Literacy** | enter text |

Instructions: Include the name of each activity