

UCHRA Van Buren County Head Start  
**Lesson Plan Directions**



1. Specify which type of activity is being planned.
2. Appropriate teacher's name & appropriate date.
3. State any materials used/needed.
4. Note individual learning objectives to work on during the activity (*REFER TO CHILDREN'S INDIVIDUAL OBJECTIVES*).
5. Outline procedure of activity, defining developmental skill area, (i.e. work on fine motor skills through cutting, lacing etc.) so that they may be followed easily by another teacher or volunteer (*IF NEEDED*)
6. Evaluate lesson plan. Note any recommendations, suggestions, changes, additions &/or comments.

MONTH: \_\_\_\_\_

Teacher	Small Group	Large Group	Nutrition	Health	Safety	Outdoor	Home Activities

Cultural Event \_\_\_\_\_

Field Trip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TEACHERS SUBMIT MONTHLY TO ED. COORDINATOR**

*REVISED 1-98 UCHRA-HS*



Changes to the Environment	Home Living	Art	Sand & Water
	Blocks/Carpentry	Manipulative	Book Center/Writing Center
	Science/Math	Computer Center	Music

**Week of:**

**Special Focus / Theme:**

Please make the following notations to your lesson plans as they occur:

**S=Safety**

**N=Nutrition**

**H=Health**

**F=Field Trip**

**F/T=Fire/Tornado Drill**

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
Group time (songs, stories, games) Letter of the week					No School
Special small Group Activities					No School
Outdoor Activities					No School

Quiet Time \_\_\_\_\_ Speech \_\_\_\_\_

Gross Motor Outside Physical Health & Dev \_\_\_\_\_

Brush Teeth Physical Health & Dev \_\_\_\_\_

Breakfast Physical Health & Dev \_\_\_\_\_

Wash Hands Physical Health & Dev \_\_\_\_\_

Lunch Physical Health & Dev \_\_\_\_\_

Revision date: July 30, 2009

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				No School

Quiet Time \_\_\_\_\_ Speech \_\_\_\_\_ Gross Motor Outside \_\_\_\_\_ Brush Teeth \_\_\_\_\_

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Wash Hands \_\_\_\_\_