

STUDENT NAME: _____

DUE DATE: _____

Lesson Plan Format – Early Childhood Education II

Title of Activity: _____ **Date of Activity:** _____

Age(s)/Grade Level of Children: _____

Type of Activity: (circle one) Individual Small Group Whole Group

Objectives: (Please list at least two objectives - What concepts, skills, awareness, or attitudes will be taught or developed in this activity? What will the children gain, learn, or experience?)

Indiana Early Learning Foundation(s):

(list at least two core foundations that will be fulfilled through this activity)

Activity Plan for (content/subject area): _____

Preparation Before Activity & Materials/Space Needed: (What will you need to prepare before the activity? What materials and space will be needed to carry out this activity?)

Procedure:

Introduction of Activity: (What will you say to get the children interested and let them know what they will be doing?)

Step-by-Step Order of Activity: (What will you or the children do first? What will you say or do during the activity? What will the children be doing?)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Wrap-Up: (How will you end the activity? What will you say or do? What will the children say or do? How can you summarize what the activity involved?)

Transition: (How will the children move from this activity to the next part of the daily routine?)

After the activity, the children will _____

Accommodations/Modifications:

(How will you modify the activity so ALL children - special needs, advanced - can participate?
How can you make the activity easier or more challenging?)

Assessment/Documentation:

(What information will you collect so you know how the children performed during this activity?
How will you document the information?)

EXTRA SPACE (if needed) _____
