CSRA EOA, Inc. Early Head Start-Child Care Partnership

LESSON PLAN REVIEW FORM

Center Name: ___________________________ Teacher Name: ___________________________

Project Coordinator: ______________________

☐ ALL ITEMS COMPLETED  ☐ ALL ITEMS DONE CORRECTLY

*WHEN WRITING THE LESSON PLANS, DID YOU REMEMBER:

KEY EXPERIENCE/OBJECTIVE: The Key Experience/Objective MUST BE written in an objective statement (ex. “Children will...”)

☐ LEGIBLE HANDWRITING: Your handwriting MUST BE legible and neat.

☐ LARGE HANDWRITING: Writing in larger print does not mean you have included enough information.

☐ SPELLING: Use a dictionary when you are unsure of how to spell a word.

☐ MISTAKES/ERRORS: If lesson plan is not neatly done due to writing mistakes, you need to CLEANLY white and yellow out your mistakes.

☐ ACTIVITIES: All activities MUST HAVE an explanation. Document WHY you are doing the activity.

INCORRECT  CORRECT
SMALL GROUP TIME
Activity: Colored Blocks  SMALL GROUP TIME
Activity: The children will use colored blocks to build towers and sort by color and size.

☐ EVALUATION: Ensure that evaluations pertain to the prior week and are done according to your primary group of children’s individualization.

☐ CENTER MANAGERS: You need to review and sign the lesson plans before they are posted. The signature ensures that you have reviewed and approved that the lesson plans are completed CORRECTLY.

☐ COMPLETION: Be sure the entire lesson plan is complete and signed by Teachers, Center Managers, Parent and others.

☐ OTHER COMMENTS: ____________________________________________________________

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