CONCORDIA UNIVERSITY
RIVER FOREST, IL

LESSON PLANNING

Teacher Candidate: ________________________________   Date(s): ________________          Plan # ______

Topic(s):  __________________________________________________________________________ Time allotted: _______________

Grade: ___  Subject: _______________________  Cooperating/Classroom Teacher: _______________________

CONSIDERATIONS
(Describe all those that apply.)

A. Materials: Supplies – Equipment – Technology

B. Physical Environment:  Safety -- Physical Space --Procedural Rules

C. Diverse Learning
   • Learning Styles: Auditory – Tactile/Kinesthetic – Visual

   • Multiple Intelligences: Visual/Spatial – Logical/Mathematical – Verbal/Linguistic – Musical –
                             Interpersonal – Intrapersonal – Naturalistic – Bodily/Kinesthetic

   • Grouping: Individual – Cooperative – Competitive – Collaborative

   • Multicultural strategies: Cultural sharing – Multiple perspectives – Bridging communities – Enhancing
tolerance/Reducing prejudice – Promoting social justice – multicultural infusion

D. Adaptive considerations: Environmental – Individual – Instructional

E. Key Terms: Definitions – Names – Symbols -- Formulas
THE LESSON

Objective(s) with IL State Benchmarks:

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Introductory Activities: Warm-up – Review -- Previous Homework -- Prerequisite skills

Lesson Development:

Anticipatory Set: Engage – Motivate – Build on prior knowledge – Show need for lesson

Instructional sequence based on content: Explore -- Demonstrate – Explain – Question – Elaborate

Check for understanding: On-going analysis -- Assess/(Re-teach) – Practice -- Evaluate

Assessment: Informal -- Formal

Closure (Student activity relating to the objective): Share – Process – Review/Reflect/Focus on Lesson Objective(s) -- Journal – Student self-assessment

Ending: Ending details to be put on the board or announced at the end of class – Assigning homework – Enrichment

Flexible Planning (Consideration of time, activities, and resources): Modify – Adapt -- Extend
# REFLECTIVE EVALUATION OF THE LESSON

**Date Lesson Taught:** _________________  
**Title of Lesson:** _________________________________________

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