

Collaborative Lesson Plan Format

Teacher Name: _____ Content Area: _____ Date: _____

Grade Level: _____

Class Period(s):	1	2	3	4	5	6	7
Class Size(s):							

Topic: _____

Statement of CCSS:

Focus Standard(s):

	Classroom Teacher =CT	Media Specialist =MS	Time
Lead-In			
Step-By-Step			
Assessment			
Notes			