Teacher:       Week of:       Topic:

This lesson plan template is intended to provide guidance to programs using a full distance instructional model in which no in-person instruction is provided. All instruction is conducted through virtual learning and at-home learning activities. This template is not required, and teachers may adjust it to meet their needs or devise a lesson plan format that better suits their teaching style.

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| **Virtual Whole Group*** **No more than 60 minutes daily. Consider dividing this time into smaller periods of time during the day.**
* **Should be live and recorded and posted/emailed to those families whose children could not join the live lesson.**
* **Activities not planned for during virtual whole group should be planned for during independent activities and include simple directions; using materials included in the take home learning packet or easily found at home.**
 |
| **Time & Link to Join/View** | **Activity** | **Date:**       | **Date:**       | **Date:**       | **Date:**       | **Date:**       |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **(**     **)** | **Opening Activity/Circle Time** | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       |
| **(**     **)** | **Story Time #1** | Title:      GELDS:       | Title:      GELDS:       | Title:      GELDS:       | Title:      GELDS:       | Title:      GELDS:       |
| **(**     **)** | **Large Group Literacy** | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       |
| **(**     **)** | **Phonological Awareness** | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       |
| **(**     **)** | **Music & Movement** | Title/Activity:      GELDS:       | Title/Activity:      GELDS:       | Title/Activity:      GELDS:       | Title/Activity:      GELDS:       | Title/Activity:      GELDS:       |
| **(**     **)** | **Closing Activity****(Optional)** | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       | Activity:      GELDS:       |

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| **Virtual Small Group Instruction*** **15-30 minutes daily of teacher-directed instruction with 3-6 students per group. Both teachers should be engaged with children in small group and/or individual groups throughout the day.**
* **Include a reading lesson and a supporting activity at least once per week.**
* **Include a math activity at least once per week.**
 |
| **Time & Link to Join** | **Group** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **(**     **)** | **Lead****Teacher****Group 1** | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       |
| **(**     **)** | **Lead****Teacher****Group 2** | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       |
| **(**     **)** | **Assistant Teacher** **Group 1** | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       |
| **(**     **)** | **Assistant Teacher****Group 2** | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       | Activity:      Students:      GELDS:       |

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| **Individual Instruction*** **At least twice per week for each child, 15-20 minutes per lesson.**
* **Include children’s names or initials.**
 |
| **Time** | **Instruction Given By** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **(**     **)** | **Lead Teacher** | Student 1Activity/Skill:      Link to Join:      GELDS:       | Student 11Activity/Skill:      Link to Join:      GELDS:       | Student 21Activity/Skill:      Link to Join:      GELDS:       | Student 6Activity/Skill:      Link to Join:      GELDS:       | Student 16Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | Student 2Activity/Skill:      Link to Join:      GELDS:       | Student 12Activity/Skill:      Link to Join:      GELDS:       | Student 22Activity/Skill:      Link to Join:      GELDS:       | Student 7Activity/Skill:      Link to Join:      GELDS:       | Student 17Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | Student 3Activity/Skill:      Link to Join:      GELDS:       | Student 13Activity/Skill:      Link to Join:      GELDS:       | Individual Additional Support:      Link to Join:      GELDS:       | Student 8Activity/Skill:      Link to Join:      GELDS:       | Student 18Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | Student 4Activity/Skill:      Link to Join:      GELDS:       | Student 14Activity/Skill:      Link to Join:      GELDS:       | Individual Additional Support:      Link to Join:      GELDS:       | Student 9Activity/Skill:      Link to Join:      GELDS:       | Student 19Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | Student 5Activity/Skill:      Link to Join:      GELDS:       | Student 15Activity/Skill:      Link to Join:      GELDS:       | Individual Additional Support:      Link to Join:      GELDS:       | Student 10Activity/Skill:      Link to Join:      GELDS:       | Student 20Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | **Assistant Teacher** | Student 6Activity/Skill:      Link to Join:      GELDS:       | Student 16Activity/Skill:      Link to Join:      GELDS:       | Student 1Activity/Skill:      Link to Join:      GELDS:       | Student 11Activity/Skill:      Link to Join:      GELDS:       | Student 21Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | Student 7Activity/Skill:      Link to Join:      GELDS:       | Student 17Activity/Skill:      Link to Join:      GELDS:       | Student 2Activity/Skill:      Link to Join:      GELDS:       | Student 12Activity/Skill:      Link to Join:      GELDS:       | Student 22Activity/Skill:      Link to Join:      GELDS:       |
| **(**     **)** | Student 8Activity/Skill:      Link to Join:      GELDS:       | Student 18Activity/Skill:      Link to Join:      GELDS:       | Student 3Activity/Skill:      Link to Join:      GELDS:       | Student 13Activity/Skill:      Link to Join:      GELDS:       | Individual Additional Support:      Link to Join:      GELDS:       |
| **(**     **)** | Student 9Activity/Skill:      Link to Join:      GELDS:       | Student 19Activity/Skill:      Link to Join:      GELDS:       | Student 4Activity/Skill:      Link to Join:      GELDS:       | Student 14Activity/Skill:      Link to Join:      GELDS:       | Individual Additional Support:      Link to Join:      GELDS:       |
| **(**     **)** | Student 10Activity/Skill:      Link to Join:      GELDS:       | Student 20Activity/Skill:      Link to Join:      GELDS:       | Student 5Activity/Skill:      Link to Join:      GELDS:       | Student 15Activity/Skill:      Link to Join:      GELDS:       | Individual Additional Support:      Link to Join:      GELDS:       |

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| **Independent & Outdoor Play*** **60 minutes daily of outdoor play**
* **60 minutes of independent play**
 |
| **Time****(Optional)** | **Activity** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **(**     **)** | **Outdoor Play**Materials and/or activity for outdoor play are not required for each lesson. It is appropriate to suggest families allow children to play outside with no specific activity. | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       |
| **(**     **)** | **Independent Play**Materials and/or activity for independent play | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       | Activity:      Materials Needed:      GELDS:       |
| **(**     **)** | **Story Time #2** | Story:      Link:      Questions:      GELDS:       | Story:      Link:      Questions:      GELDS:       | Story:      Link:      Questions:      GELDS:       | Story:      Link:      Questions:      GELDS:       | Story:      Link:      Questions:      GELDS:       |

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| **Office Hours*** **Time should be allotted for the LT and AT to plan together and discuss student assessment information.**
* **Meet with families weekly; consider keeping a communication log.**
 |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Collaborative Planning** |
| **Suggested Tasks:****\*Lesson plans****\*Learning Kit Prep****\*WSO****\*Scheduling family meetings****\*Scheduling individual instruction** |       |       |       |       |       |
| **Family Communication Log (Optional)** |
| **Lead Teacher**  | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       |
| Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       |
| Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       |
|  |  |  |  |  |  |
| **Assistant Teacher** | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       |
| Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       |
| Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       | Student:      Family Member:      Contact Number:      Time:      Comments:       |

**Full Distance Model Planning for Assessment Template**

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| Teacher:  |

* Required documentation of plans for collecting assessment throughout the instructional day can be noted on the lesson plan template or by using the following format.
* Spontaneous collection of documentation (such as photos, notes and collection of work samples) will occur throughout each day, therefore there will be no evidence of planning for many items collected.
* Photos and work samples can be collected through photos submitted by families or screenshots taken during live sessions.
* Consider having one teacher collect assessment data while the other leads instruction during a live session AND/OR
* Teachers can record live sessions and review them later to collect assessment data.

**Indicate specific activities below.** Not all spaces are expected to be filled in weekly. This is an organizational tool to help with weekly planning and preparation for collecting assessment documentation. See sample online at [www.decal.ga.gov](http://www.decal.ga.gov).

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| **MATRIX** | **PHOTOS with descriptor** | **OBSERVATIONAL NOTES** | **WORK SAMPLES** |
| Monday |       |       |       |       |
| Tuesday |       |       |       |       |
| Wed. |       |       |       |       |
| Thursday |       |       |       |       |
| Friday |       |       |       |       |
|  | **Notes, comments & reminders** |
| Many teachers find it helpful to document the functional component and the performance indicators on assessment documentation. This information helps to clearly define the area in which the information is most relevant.PS = Personal and Social Development M = Mathematical Thinking A = The ArtsLL = Language and Development S = Scientific Thinking SS = Social StudiesPDH = Physical Health and Development |       |