



Lesson Plan

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|--|-----------------------|---------------|
| Topic: | | |
| Lesson No.: | Hours of Instruction: | Course Level: |
| Scope of Lesson Coverage: | | |
| Specific Objectives: As a result of attending this block of instruction, the student will be able to: | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| Instructional Method: | | |
| Training Environment: | | |
| Alternate Training Environment: | | |
| Training aids, training equipment required: | | |
| Material for issue: | | |
| Materials required: <input type="checkbox"/> Computer <input type="checkbox"/> Projector <input type="checkbox"/> Training Aids <input type="checkbox"/> Electrical Outlets for students (Check all that apply) <input type="checkbox"/> Handouts <input type="checkbox"/> Visual Presentation <input type="checkbox"/> Additional Instructors <input type="checkbox"/> Other: | | |
| Instructor Qualifications: | | |



Lesson Plan

References:

Criterion Test/Method(s):

Prepared by:

Date prepared:

Supervisory Approval:

Date prepared:

Legal Review by:

Date reviewed:

Updated/Revised by:

Date of revision:

Updated/Revised by:

Date of revision:

Instructor Notes (handwritten):