

Coral Gables Adult Education Center

Lesson Plans

Center:

Teacher:

Subject:

Location:

Reference No:

Time:

Week Of: 200

Circle Days: M T W T F

WEEKLY OBJECTIVES:

Students will:

MONDAY

Text:

Unit or Lesson No.

Supplements:

Unit or Lesson No.

Audiovisuals:

Activities:

TUESDAY

Text:

Unit or Lesson No.

Supplements:

Unit or Lesson No.

Audiovisuals:

Activities:

Coral Gables Adult Education Center

WEDNESDAY

Text: Unit or Lesson No.
Supplements: Unit or Lesson No.
Audiovisuals:
Activities:

THURSDAY

Text: Unit or Lesson No.
Supplements: Unit or Lesson No.
Audiovisuals:
Activities:

FRIDAY

Text: Unit or Lesson No.
Supplements: Unit or Lesson No.
Audiovisuals:
Activities:

ASSESSMENT:

NOTES:

Name of Teacher:

Signature of Teacher: _____