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 School Specialty  
*Planning & Student Development*

LESSON  
**PLAN**



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# Substitute Information

## SCHOOL SCHEDULE

School Begins

A.M. Break

Lunch

School Resumes

P.M. Break

Dismissal

## CLASSROOM SCHEDULE

Class Begins

No. of Students

Class Ends

Lunch Time

Lunch Count

## GET HELP FROM

Teacher(s)

Student(s)

Secretary

Principal

Counselor

Nurse

Custodian

Transportation

## DISCIPLINE PROCEDURES

## DISMISSAL PROCEDURES

## EMERGENCY PROCEDURES

## DISASTER PROCEDURES

## HEALTH/MEDICAL INFORMATION

Student(s) with Special Needs

Nurse Schedule

First Aid

## AUDIO-VISUAL EQUIPMENT PROCUREMENT PROCEDURES

## NOTES

# Seating Plans

CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


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# Seating Plans

CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


CLASS \_\_\_\_\_ PERIOD \_\_\_\_\_ ROOM \_\_\_\_\_


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# Student Roster

STUDENT NAMES	PARENT/GUARDIAN NAMES	HOME PHONE	WORK PHONE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
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19			
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22			
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28			
29			
30			
31			
32			
33			
34			
35			
36			
37			
38			
39			
40			

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# Parent Conferences

ADDRESS	DATE/TIME	DATE/TIME	COMMENTS
			1
			2
			3
			4
			5
			6
			7
			8
			9
			10
			11
			12
			13
			14
			15
			16
			17
			18
			19
			20
			21
			22
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			31
			32
			33
			34
			35
			36
			37
			38
			39
			40

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OVERVIEW PLANNING

(Date)

thru

(Date)

(Date)

thru

(Date)

(Date)

thru

(Date)

(Date)

thru

(Date)

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# OVERVIEW PLANNING

<p>_____ (Date)  thru  _____ (Date)</p>	
<p>_____ (Date)  thru  _____ (Date)</p>	
<p>_____ (Date)  thru  _____ (Date)</p>	
<p>_____ (Date)  thru  _____ (Date)</p>	

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# Schedule of School Events

Year:

DATE	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

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# First Semester Plan Outlines

Time AM	Subject	Time PM	Subject

## LESSON PLAN OUTLINES

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# Second Semester Plan Outlines

Time AM	Subject	Time PM	Subject

## LESSON PLAN OUTLINES

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# LESSON PLANS

For Week Beginning \_\_\_\_\_

Ending \_\_\_\_\_

	SUBJECT	SUBJECT	SUBJECT	SUBJECT
	PERIOD/CLASS	PERIOD/CLASS	PERIOD/CLASS	PERIOD/CLASS
DATE				
MONDAY				
DATE				
TUESDAY				
DATE				
WEDNESDAY				
DATE				
THURSDAY				
DATE				
FRIDAY				
DATE				

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# LESSON PLANS

For Week Beginning \_\_\_\_\_

Ending \_\_\_\_\_

	SUBJECT	SUBJECT	SUBJECT	SUBJECT
	PERIOD/CLASS	PERIOD/CLASS	PERIOD/CLASS	PERIOD/CLASS
DATE				
MONDAY				
DATE				
TUESDAY				
DATE				
WEDNESDAY				
DATE				
THURSDAY				
DATE				
FRIDAY				
DATE				

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## LESSON PLAN BOOK

- 8 SUBJECT/PERIODS
- 40 WEEKS



MADE IN USA