



Thiel College Education Department  
 SPECIAL EDUCATION  
 Lesson Plan

Teacher \_\_\_\_\_ Date \_\_\_\_\_ Time Period \_\_\_\_\_  
 Student Teacher \_\_\_\_\_ Room \_\_\_\_\_ Grade(s) \_\_\_\_\_  
 Subject \_\_\_\_\_ Topic/Skill \_\_\_\_\_ Type of Lesson: \_\_\_\_\_ Whole Class  
 General Education or Special Education Classroom \_\_\_\_\_ Small Group  
 \_\_\_\_\_ Individual  
 \_\_\_\_\_ Other

IEP Goal \_\_\_\_\_

Audience (list student names or group) \_\_\_\_\_

Objectives	PA Standards	Condition Under which behavior will be performed	Behavior Exhibited by students as a result of this lesson	Degree Of accuracy for mastery	Evaluation Of student performance. How will you collect data? Attach forms/checklist/tests/etc.
1.					
	<b>Modifications/Adaptations:</b>				
2.					
	<b>Modifications/Adaptations:</b>				

Objectives	PA Standards	Condition Under which behavior will be performed	Behavior Exhibited by student(s) as a result of this lesson	Degree Of accuracy for mastery	Evaluation Of student performance. How will you collect data? Attach forms/checklists/tests/et
3.					
	Modifications/Adaptations				
4.					
	Modifications/Adaptations				

**Modifications/ Adaptations:**

Materials	Time	Location	Teaching Strategy

**LESSON:**

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Lesson  
Introduction

	Time Allotted	Teacher Will.....	Student Will.....

**LESSON SEQUENCE:**

	Time Allotted	Teacher Will....	Student Will.....

**LESSON CLOSURE:**

	Time Allotted	Teacher Will....	Student Will....

**Homework Assignment:**

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**Reflection:**

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**THIEL**  
COLLEGE

Approved: \_\_\_\_\_ YES      \_\_\_\_\_ NO      \_\_\_\_\_ With Concerns

**Host Teacher Signature**

**Supervisor Signature**