



LESSON PLAN FORMAT B

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|--|
| Student's Name: |
| Person(s) Responsible: |
| Goal & Criterion: |
| Objective or Benchmark: |
| Timeline for Completion/Days Conducted: |
| Environment: |
| Activity: |
| Data Collection Method: (+) for independent performance or use of support by each step (-) for nonperformance or use of support by each step |

| STEPS | DATES | SUPPORTS OR SKILLS FOR INSTRUCTION | | | | | | | | |
|-------|--|------------------------------------|--|--|--|--|--|--|--|--|
| | <table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | | | | | | | | | |
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