

**CARLSON HOME INSTRUCTIONAL PROGRAM AND HOSPITAL SCHOOL
A SUGGESTED LESSON PLAN FORMAT**

Teacher Name _____
Student Name _____
Subject _____

Grade Level _____
Date _____

LESSON PLAN

1. Specific Objective(s)/Standard(s)/IEP Goal

2. Purpose/Value of Lesson

3. Initial Instructional Activities

4. Guided Practice

5. Independent Practice (Could be Homework)

6. Evaluation/Assessment
