MONROE COUNTY SCHOOLS WEEKLY P.E. LESSON PLANS: Grades K-12				
School: *Choose an item.*	**Teacher:** *Click here to enter text.*	**Grade Level:** *Choose an item.*	**Time(s)/ Period(s):** *Click here to enter text.*	**Week of:** *Click here to enter a date.*

MONDAY

Post-Lesson Evaluation:

After teaching the lesson, my:

☐ Outcomes were met and my evidence is:
Click here to enter text.

☐ Outcomes were **NOT** met and I will reteach on:
Click here to enter a date.

AL COS Standard(s): *Click here to enter text.*

Daily Outcome(s): The students will *click here to enter your outcome.*

Domain: Check all that apply. ☐Psychomotor ☐Cognitive ☐Affective ☐Interpersonal

Lesson Focus/Name of Activity: *Click here to enter text.*

Brief Description of Activity: *Click here to enter text.*

Equipment/ Materials Needed: *Click here to enter text.*

Safety Considerations: *Click here to enter text.*

Choose an item. **Intro/Warm-up Activities:** *Click here to describe the warm-up activity.*

Choose an item. **Learning Activity:** *Click here to describe the procedures for the learning activity.*

Choose an item. **Culminating/Cool-down Activities:** *Click here to describe the closure/warm-down activity.*

IDEA STUDENTS ACCOMMODATED PER IEP: Check one.	**☐Yes**	**☐No**	**☐ Does not apply**
504 STUDENTS ACCOMMODATED PER 504 PLAN: Check one.	**☐Yes**	**☐No**	**☐Does not apply**

Alternate Lesson: *Click here to enter what you will do in case of weather changes or other interruptions.*

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Lesson Evaluation: Check all that apply.

☐ **Paper & Pencil**
☐ **Alternative Assessment**
☐ **Participation**
☐ **Skills Test**

Briefly describe your lesson evaluation.

TUESDAY

Post-Lesson Evaluation:

After teaching the lesson, my:

☐ Outcomes were met and my evidence is:
Click here to enter text.

☐ Outcomes were **NOT** met and I will reteach on:
Click here to enter a date.

AL COS Standard(s): *Click here to enter text.*

Daily Outcome(s): The students will *click here to enter your outcome.*

Domain: Check all that apply. ☐Psychomotor ☐Cognitive ☐Affective ☐Interpersonal

Lesson Focus/Name of Activity: *Click here to enter text.*

Brief Description of Activity: *Click here to enter text.*

Equipment/ Materials Needed: *Click here to enter text.*

Safety Considerations: *Click here to enter text.*

Choose an item. **Intro/Warm-up Activities:** *Click here to describe the warm-up activity.*

Choose an item. **Learning Activity:** *Click here to describe the procedures for the learning activity.*

Choose an item. **Closure/Cool-down Activities:** *Click here to describe the closure/warm-down activity.*

IDEA STUDENTS ACCOMMODATED PER IEP: Check one. ☐Yes ☐No ☐ Does not apply
504 STUDENTS ACCOMMODATED PER 504 PLAN: Check one. ☐Yes ☐No ☐Does not apply

Alternate Lesson: *Click here to enter what you will do in case of weather changes or other interruptions.*

****

Lesson Evaluation: Check all that apply.

☐ **Paper & Pencil**
☐ **Alternative Assessment**
☐ **Participation**
☐ **Skills Test**

Briefly describe your lesson evaluation.

WEDNESDAY

Post-Lesson Evaluation:

After teaching the lesson, my:

☐ Outcomes were met and my evidence is:
Click here to enter text.

☐ Outcomes were **NOT** met and I will reteach on:
Click here to enter a date.

AL COS Standard(s): *Click here to enter text.*

Daily Outcome(s): The students will *click here to enter your outcome.*

Domain: Check all that apply. ☐Psychomotor ☐Cognitive ☐Affective ☐Interpersonal

Lesson Focus/Name of Activity: *Click here to enter text.*

Brief Description of Activity: *Click here to enter text.*

Equipment/ Materials Needed: *Click here to enter text.*

Safety Considerations: *Click here to enter text.*

Choose an item. **Intro/Warm-up Activities:** *Click here to describe the warm-up activity.*

Choose an item. **Learning Activity:** *Click here to describe the procedures for the learning activity.*

Choose an item. **Closure/Cool-down Activities:** *Click here to describe the closure/warm-down activity.*

IDEA STUDENTS ACCOMMODATED PER IEP: Check one.	**☐Yes**	**☐No**	**☐ Does not apply**
504 STUDENTS ACCOMMODATED PER 504 PLAN: Check one.	**☐Yes**	**☐No**	**☐Does not apply**

Alternate Lesson: *Click here to enter what you will do in case of weather changes or other interruptions.*

****

Lesson Evaluation: Check all that apply.

☐ **Paper & Pencil**
☐ **Alternative Assessment**
☐ **Participation**
☐ **Skills Test**

Briefly describe your lesson evaluation.

THURSDAY

Post-Lesson Evaluation:

After teaching the lesson, my:

☐ Outcomes were met and my evidence is:
Click here to enter text.

☐ Outcomes were **NOT** met and I will reteach on:
Click here to enter a date.

AL COS Standard(s): *Click here to enter text.*

Daily Outcome(s): The students will *click here to enter your outcome.*

Domain: Check all that apply. ☐Psychomotor ☐Cognitive ☐Affective ☐Interpersonal

Lesson Focus/Name of Activity: *Click here to enter text.*

Brief Description of Activity: *Click here to enter text.*

Equipment/ Materials Needed: *Click here to enter text.*

Safety Considerations: *Click here to enter text.*

Choose an item. **Intro/Warm-up Activities:** *Click here to describe the warm-up activity.*

Choose an item. **Learning Activity:** *Click here to describe the procedures for the learning activity.*

Choose an item. **Closure/Cool-down Activities:** *Click here to describe the closure/warm-down activity.*

IDEA STUDENTS ACCOMMODATED PER IEP: Check one. ☐Yes ☐No ☐ Does not apply
504 STUDENTS ACCOMMODATED PER 504 PLAN: Check one. ☐Yes ☐No ☐Does not apply

Alternate Lesson: *Click here to enter what you will do in case of weather changes or other interruptions.*

****

Lesson Evaluation: Check all that apply.

☐ **Paper & Pencil**
☐ **Alternative Assessment**
☐ **Participation**
☐ **Skills Test**

Briefly describe your lesson evaluation.

FRIDAY

Post-Lesson Evaluation:

After teaching the lesson, my:

☐ Outcomes were met and my evidence is:
Click here to enter text.

☐ Outcomes were **NOT** met and I will reteach on:
Click here to enter a date.

AL COS Standard(s): *Click here to enter text.*

Daily Outcome(s): The students will *click here to enter your outcome.*

Domain: Check all that apply. ☐Psychomotor ☐Cognitive ☐Affective ☐Interpersonal

Lesson Focus/Name of Activity: *Click here to enter text.*

Brief Description of Activity: *Click here to enter text.*

Equipment/ Materials Needed: *Click here to enter text.*

Safety Considerations: *Click here to enter text.*

Choose an item. **Intro/Warm-up Activities:** *Click here to describe the warm-up activity.*

Choose an item. **Learning Activity:** *Click here to describe the procedures for the learning activity.*

Choose an item. **Closure/Cool-down Activities:** *Click here to describe the closure/warm-down activity.*

IDEA STUDENTS ACCOMMODATED PER IEP: Check one. ☐Yes ☐No ☐ Does not apply
504 STUDENTS ACCOMMODATED PER 504 PLAN: Check one. ☐Yes ☐No ☐Does not apply

Alternate Lesson: *Click here to enter what you will do in case of weather changes or other interruptions.*

****

Lesson Evaluation: Check all that apply.

☐ Paper & Pencil
☐ Alternative Assessment
☐ Participation
☐ Skills Test

Briefly describe your lesson evaluation.