

**CEDARVILLE UNIVERSITY**  
**Department of Exercise and Sport Science**  
**Lesson Plan Format**

**Teacher** \_\_\_\_\_ **Date of Lesson** \_\_\_\_\_

**Unit/Theme** \_\_\_\_\_ **Day of Unit** \_\_\_\_\_

**Lesson Focus** \_\_\_\_\_ **Grade Level/gender** \_\_\_\_\_

**Skills already developed by students:** \_\_\_\_\_

**What happened previous lesson?**

**Lesson Objectives:**

**Primary Psychomotor** (behavior, criterion, condition,): \_\_\_\_\_

**Secondary Psychomotor** (behavior, criterion, condition): \_\_\_\_\_

**Primary Cognitive** (behavior, criterion, condition): \_\_\_\_\_

**Primary Affective** (behavior, criterion, condition): \_\_\_\_\_

**Primary Fitness:** \_\_\_\_\_

**Ohio state standards targeted:** \_\_\_\_\_

**Assessment(s) used for measuring performance criteria:** \_\_\_\_\_

**Teacher objective for improving teaching:** \_\_\_\_\_

**Equipment and Supplies:** \_\_\_\_\_

**Modifications (if needed):** \_\_\_\_\_

**“Special needs” students adapted activities:** \_\_\_\_\_

**Reflection (after lesson is taught):**

<b>Time</b>	<b>Activity/Task Development</b>	<b>Organizational Management</b>	<b>Teaching Cues</b>	<b>What happened</b>

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