






APPENDIX F: LESSON PLANNER

Date _____ Lesson _____ Grade _____ Class _____

Student Learning Outcomes

<input type="checkbox"/> Movement 	<input type="checkbox"/> Fitness Management 	<input type="checkbox"/> Safety 	<input type="checkbox"/> Personal and Social Management 	<input type="checkbox"/> Healthy Lifestyle Practices 

Lesson Components	Learning/Teaching Strategies	Teacher Notes (e.g., equipment, safety rules, organization, key points, curricular connections)
Activating Activities • Entry Activity • Warm-up Time: _____		
Acquiring Activity Time: _____		
Applying Activity Time: _____		
Closure Time: _____		
Assessment Strategies		
Challenges/ Modifications/ Adaptations/ Accommodations		

NOTES

