

**Weekly
Lesson Plan Book**
Raleigh County Schools

Property of...

Name _____

School _____

Address _____

Phone _____

E-Mail _____ Website _____

Classroom _____

CLASSROOM PROCEDURES AND "NEED TO KNOW" INFORMATION

Principal:	Ext: =
Asst. Principal:	Ext: =
Secretary:	Ext: =

CLASS PROCEDURES:

SCHOOL FIELD TRIP / PARTIES / SPECIALS:

REPORT CARD / IEP MARKING PERIODS:

	Begins	ends	cards due	notes
1st				
2nd				
3rd				
4th				
5th				
6th				

HOLIDAYS:

SNOW DAYS:

NOTES:

IMPORTANT/EMERGENCY INFORMATION

Health Nurse:	Ext:	First Aid Location:
Schedule:		

Crisis Intervention:	Fire Drill Instructions:

PHONE NUMBERS

Parents:	Parents:	Parents:	Doctor:
			Case Manager:
			Special Ed. Office:

SPECIAL SCHEDULES / HEALTH / BEHAVIOR INSTRUCTIONS

Name	Subject	Instructions

ASSISTIVE TECHNOLOGY INSTRUCTIONS

Student	Type of equipment	Instructions

SPECIAL DUTIES/CLASSES

Day/Time	Duty	Class	Comments

NOTES:

IEP CLASSROOM APPLICATION

Student	Gen.Ed. %	General Ed. Teacher(s)	Inclusive Subject	Minutes Daily Required	Special Considerations

Student	Gen.Ed. %	General Ed. Teacher(s)	Inclusive Subject	Minutes Daily Required	Special Considerations

Student	Gen.Ed. %	General Ed. Teacher(s)	Inclusive Subject	Minutes Daily Required	Special Considerations

Student	Gen.Ed. %	General Ed. Teacher(s)	Inclusive Subject	Minutes Daily Required	Special Considerations

Student	Gen.Ed. %	General Ed. Teacher(s)	Inclusive Subject	Minutes Daily Required	Special Considerations

Student	Gen.Ed. %	General Ed. Teacher(s)	Inclusive Subject	Minutes Daily Required	Special Considerations