

Transportation Safety Education Program
Lesson Plan Documentation

LESSON PLAN #1

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

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LESSON PLAN #2

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

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LESSON PLAN #3

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

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LESSON PLAN #4

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

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LESSON PLAN #5

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.

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LESSON PLAN # _____

(Please feel free to photo copy this page and submit for each additional lesson plan taught.)

(Please use one form per lesson plan, per teacher. Two lesson plan minimum to complete benchmark.)

Name of Lesson Used: _____

Date: _____

Teacher Name: _____

Your thoughts about the plans/activities:

Your students' reaction to the plans/activities. Please include examples of student work.
