

# Grading Data Sheet

Name: \_\_\_\_\_

School Year: \_\_\_\_\_

	Pre-Test Date & Score	Post-Test Date & Score	Additional Testing Date & Score (if needed)	Notes
Unit 1				
Unit 2				
Unit 3				
Unit 4				
Unit 5				
Unit 6				
Unit 7				
Unit 8				
Unit 9				



# Whole Class Weekly Lesson Plan

Week of: \_\_\_\_\_

	Level 1 Students	Level 2 Students	Level 3 Students
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

# Whole Class Daily Lesson Plan

Date: \_\_\_\_\_

Time	Students	Curriculum Activity {Unit # & Activity #}	Topics Covered	Assessments Needed

Student: \_\_\_\_\_ Year: \_\_\_\_\_

Focus Skill	Date	Score	Date	Score	Date	Score	Date	Score
Finding items from the grocery store.								
Using a credit card machine.								
Ordering from a sit down restaurant.								
Ordering from a fast food restaurant.								
Using a washer.								
Using a dryer.								
Mopping.								
Emptying garbage cans.								
Using the blender.								
Following a simple recipe.								
Taking the bus.								
Taking the train/subway.								
Replacing a lightbulb.								
Replacing batteries.								
Making a call.								
Logging into WIFI.								