

Math Activity/Lesson:	Date:	
Type of Instruction:	<input type="checkbox"/> Whole Group <input type="checkbox"/> Small Group <input type="checkbox"/> Individual	
Content Area(s) Addressed:	<input type="checkbox"/> Numbers & Operations <input type="checkbox"/> Geometry & Spatial Sense <input type="checkbox"/> Measurement	<input type="checkbox"/> Patterns & Algebraic Thinking <input type="checkbox"/> Displaying & Analyzing Data
ELDS Standard(s) Addressed:		
Resources Needed:	Supplies:	Technology:
Students who need extra support:	Extension:	Scaffolding:
Reflection:	<p>How did the activity/lesson go?</p> <p>What changes need to be made for next time?</p>	