**Systematic Instruction 10**

**Instructional & Lesson Planning**

Instructional Planning

1.

2.

3.

4.

5.

Notes for skill building program:

For challenging behaviors:

Behavior of concern

Function

Replacement behavior

Notes for behavior change program:

Notes on advanced template:

Lesson planning:

Differs from instructional plan:

1.

2.

3.

4.

Questions re lesson planning:

Notes on lesson planning template:

Fidelity of implementation:

Planning for fidelity of implementation:

Fidelity of implementation check:

BIP – fidelity of implementation:

**Reflection**

Things I learned from this module:

Questions I have:

Things I would like to learn more about:

**Putting it into practice**:

Using the templates included, complete at least one the following:

Skill building instructional plan

Challenging behavior instructional plan

Lesson plan

Make notes on what you need to make it clear and usable for your classroom and staff.

Create your own templates

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructional Program** | | | |
| Student: | School: | | Start Date: |
| Teachers: | Aim Date: | | Updated: |
| Objective: | | | |
| Grouping: | | Teaching Times: | |
| Setting: | | Materials: | |
| Procedure: | | | |
| Corrects: | | Errors:. | |
| Reinforcers: | | Prompt/prompt fading:. | |
| Fluency: | | Generalization: | |
| Data Collection: | | | |

|  |  |  |
| --- | --- | --- |
| * **Lesson** | **Lesson Leader** | **Date:** |
| Subject Area/Theme: | | |
| Objective: | | |
| Materials: | | |
| Procedure: |  |  |
| Students: | Individualized Objective | Instructors |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Student: | School: | Manager: | Teachers: | Start Date: |
| IEP Goal: | | | | |
| Step & Date: | Materials: | Procedure: | Corrects: | Errors: |
|  |  |  |  |  |

**For questions regarding content and practice, contact:**

* School Services
* Autism and Other Developmental Disabilities Program
* Center for Development and Disability
* University of New Mexico
* [*CDD-SchoolServices*@salud.unm.edu](mailto:CDD-SchoolServices@salud.unm.edu)
* 505.272.1852 or 1.800.270.1861