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| http://ntn-mis-shp1/functional/marketing/College%20Logos/NPTCG-Logo-CMYK-Small.jpg | **Lesson Plan****Course:****Unit/subject:**  | **Session number:****Date:** **Start time:****End time:****Room number:**  |
| **Objectives of this session:****Key words:** |

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| **Time** | **Activities** | **Cross cutting themes**  | **Resources** | **Assessment that learning has taken place** |
|  | **Starter and review:** |  |  |  |
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|  | **Plenary and look forward:** |  |  |  |
|  | Homework or out of the classroom activities: |  |  |  |

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| **Evaluation of the session** |
| Did learning take place? | Yes | No |
| Did you engage and challenge all learners in the session? | Yes | No |
| Were your learning activities/strategies appropriate and effective? | Yes | No |
| Was the pace appropriate? | Yes | No |
| Were your resources appropriate and effective? | Yes | No |
| If you answer '**no'** to any of the above, what actions are you going to take and in what time frame?  |