**School name**: ……………. ……………………..**Teacher’s name**………………...................................................

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Term** | **Date** | **Subject** | **Class** | **Unit No** | **Lesson No** | **Duration** | **Class size** |
| …… | …… /6/ 2018… | ….. | …. | …. |  … of … |   | … |
| **Type of Special Educational Needs to be catered for in this lesson and number of learners in each category** |   |
| **Unit title** |   |
| **Key Unit Competence** |   |
| **Title of the lesson** |   |
| **Instructional Objective** |   |
| **Plan for this Class (location: in / outside)** |   |
| **Learning Materials**  |   |
| **(for all learners)** |
| **References** |   |
| **Timing for each step** | **Description of teaching/learning activities** |   |
|   | **Generic competences** and **Cross cutting issues** to be addressed**+****a short explanation****Teacher’s activities**  |
| **Teacher’s activities** | **Learner’s activities** |
| **Introduction****5”** |  |  |   |
|
| **Development** **30”** |  |  |     |
| **Conclusion** **5”** |  |  |   |
|
| **Self-evaluation** |   |