

Planning Binder

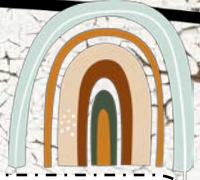


A large, empty rectangular box with a thin blue border, intended for data tracking or notes.

Data Tracking



Goals for this year...



1.

2.

3.

4.

5.



1.

2.

3.

4.

5.

Visualizing our Class

Teamwork

Motivators



name / picture:

Organization

To think about:

All About Great Teachers!



Draw yourself. Surround yourself with words and phrases that describe great teachers.

Being a great team member!



Draw a picture of you working with your team.
Surround your picture with words and phrases that
tell about being a positive member of a team.

Monthly Themes

Teacher:

January	February
March	April
May	June
July	August
September	October
November	December



Tracking Growth



Back To School

Date: _____

Assessments to Give:

End of Semester Goal:

End of 1st Semester

Date: _____

Assessments to Give:

End of Semester Goal:

End of 2nd Semester

Date: _____

Assessments to Give:

End of Semester Goal:

Tracking Growth

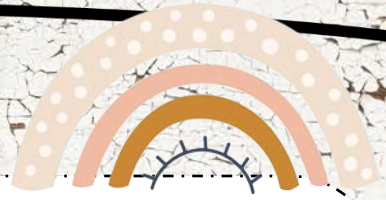


Date: _____

Date: _____

Date: _____

My Mission Statement



As a teacher, I am:

My goal as a teacher is:

To meet my goal, I will:

_____ 's Mission Statement

I am _____

I am _____

I am _____

I want to _____

I want to _____

I want to _____

I will _____

I will _____





















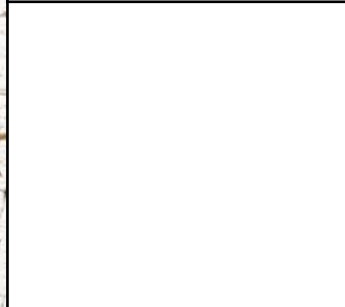
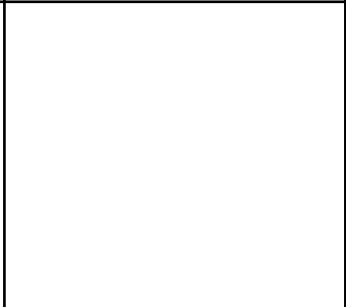

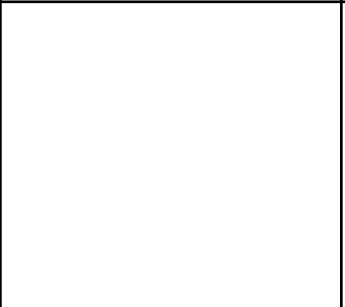

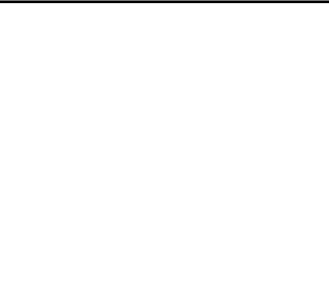





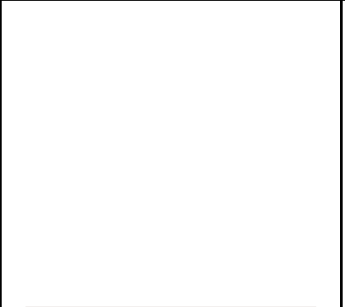


I will _____

Date: _____



Class Pictures

Teacher:

Student Contact Information



Teacher: _____ Year: _____

	student name	parent name	phone	email
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Student Contact Information



Teacher: _____ Year: _____

	student name	parent name	phone	email
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				

Student Contact Information



Teacher: _____ Year: _____

	student name	parent name	phone	email
29				
30				
31				
32				

Student Contact Information



Teacher: _____

Year: _____

email	phone	parent name	student name

Student Contact Form



Student:

Contacts:

date: time: type of contact: phone call e-mail note home conference	contact: reason:	notes for follow-up:
date: time: type of contact: phone call e-mail note home conference	contact: reason:	notes for follow-up:
date: time: type of contact: phone call e-mail note home conference	contact: reason:	notes for follow-up:
date: time: type of contact: phone call e-mail note home conference	contact: reason:	notes for follow-up:
date: time: type of contact: phone call e-mail note home conference	contact: reason:	notes for follow-up:

[illegible]



student

[illegible]



Teacher:

[illegible]



Teacher:

January	February
March	April
May	June
July	August
September	October
November	December

A colorful rainbow with multiple bands of red, orange, yellow, green, blue, and purple, arching over the title.

Emergency Procedures Teacher:

This classroom is #

Office number:

Who to go to for help:

Fire drill procedures:

Tornado procedures:

Lockdown procedures:

Other information:

Assignment C

[illegible]



Missing Assignment

Teacher:

[illegible]

IEP at a Glance

Student:



Medical

Glasses: Y N

Seizures: Y N

Allergies: Y N

Meds: _____

Notes:

Grade: _____ Teacher: _____

Eligibility: _____

TOS: _____

Supports

SLP OT PT

Assistive Tech

Transportation

Behavior Plan Y N

Notes:

Strengths

Areas of Need

Parent Contact:

Name: _____

Number: _____

E-mail: _____

Other:

Suggested Interventions

January	February
March	April
May	June
July	August
September	October
November	December

Case Conference Reminders

Teacher:



January	February
March	April
May	June
July	August
September	October
November	December



Student Schedules

Teacher:

Notes:

Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times
Student:	Destination	Days/ Times



Behavior Documentation

Teacher: _____

Year: _____

follow up info.										
action taken										
behavior										
student name										
date										



Behavior Documentation

Teacher: _____

Year: _____

follow up info.														
action taken														
behavior														
student name														
date														

Behavior Documentation

Student: _____

Teacher: _____

follow up info.										
parent communication										
action taken										
behavior										
date										



Things to Do

Week of



Don't forget!

Copy me!

Get in touch!

To make!

Looking ahead to next week!



Things to Do

Week of

Monday

Tuesday

Wednesday

Thursday

Friday



Week of

Monday

Tuesday

Wednesday



Things to Do

Week of

Thursday

Friday

Saturday/Sunday

Passwords to Remember



web site	log in	password
www.thecurriculumcorner.com	None needed!	None needed!

Books to Purchase



title	author	genre/unit of study

Professional Resources to Purchase

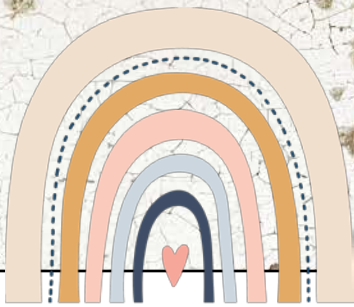


title	author	Why it's great...

Classroom Expenses

Budget:

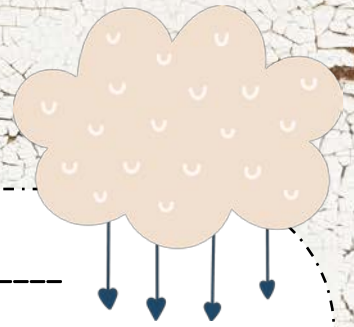
date	purchase	store	amount	receipt turned in



Read Aloud Ideas

title	author	genre/unit of study/time of year

Meeting Notes



Date: _____ Topic: _____

Date: _____ Topic: _____

Committee Notes



Date: _____ Topic: _____

Committee: _____

Members Present: _____

Follow-Up: _____

Notes:

PLC Notes



Date: _____ Topic: _____

Members Present: _____

Goal: _____

Data Shared:

Next Steps: _____

Notes:

PLC Notes

Date:



Goal:

Data:

Discussion notes:

Next steps:



Morning Notes

Date:

Students will
arrive at:

Breakfast:

The day will
start:

Morning Checklist

☐
☐
☐
☐
☐
☐
☐
☐
☐

Meetings:

Student Helpers

To Call

To Copy

Don't forget!

Sub Notes / Our Class at a Glance



Students will
arrive at:

Breakfast:

The day will
start:

Office #:

Principal's Name:

Principal's #:

In an emergency call:

Adults who will support the class
throughout the day:

Students who will be leaving for support or activities throughout the day:

Student Helpers

Students to Support

Classroom Rewards

Suggested Interventions



Notes From Your Day

Guest teacher
name:

Date:

Contact info if
needed;

Today's STAR Students

Behavior concerns:

Things we finished:

Unfinished items:

Other Notes:



Supports Needed

Teacher: _____

Grade: _____

Student:

Student:

Student:

Student:

Student:



Lesson Plans for the Week of _____

Subject			
Time			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			



			Subject
			Time
			Monday
			Tuesday
			Wednesday
			Thursday
			Friday

Unit Outline

Date:

Subject:

Unit of Study

Goals:

Standards to Address:

Anticipated Areas of Concern:

Supports to Provide:

Assessments:

Notes:



Unit Outline

Date:

Subject:

Unit of Study

Goals:

Standards to Address:

Anticipated
Areas of Concern:

Supports to Provide:

Assessments:

Notes:



Date:

Theme:

Goals:

Standards to Address:

Reading

Writing

Math

Science

Supports to Provide:

Social studies

Art

Movement

Assessments:

Notes:



Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Student Groupings

Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Group 5:

Group 6:



Intervention Notes

Date:

Subject:

Teacher:

Student:

Student:

Student:

Student:



Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Notes/Observations:



Week of
Teacher

Reading Workshop

Focus:

Standards:

Text(s) to be used:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Assessment:

Notes:

Centers:

Small Group Instruction

	Text/level	focus
Group 1		
Group 2		
Group 3		
Group 4		
Group 5		

Focus:

Writing Workshop

Standards:

Text(s) to be used:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Assessment:

Notes:

Focus:

Math Workshop

Standards:

Manipulatives to be used:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Assessment:

Notes:

Notes:

School Year Curriculum Map



Subject	Reading	Writing	Math
August			
September			
October			
November			
December			



School Year Curriculum Map

Reading	Writing	Math	Subject
			January
			February
			March
			April
			May

School Year Curriculum Map



	August	September	October	November	December
Reading					
Writing					
Math					
Social Studies					
Science					

School Year Curriculum Map



	January	February	March	April	May
Reading					
Writing					
Math					
Social Studies					
Science					

Important Reminders



Date	Notes

WOW!

Each week, work to record one WOW for each student.





WOW!



Each week, work to record one WOW for each student.



Date:

To-Do	Date Due	Notes
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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Workings towards my goals!

Week Of

Record the steps you took to meet your goal each day.

My goal is:

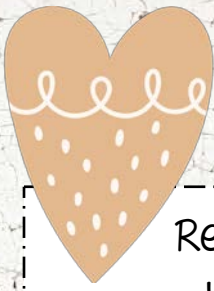
Monday:

Tuesday:

Wednesday:

Thursday:

Friday:



Favorite Quotes

Record quotes that motivate you below. These can be used to help you keep going when you need a push!



Professional Development Dreams

Name/ Conference	Recommended by/ Why I want to attend:

