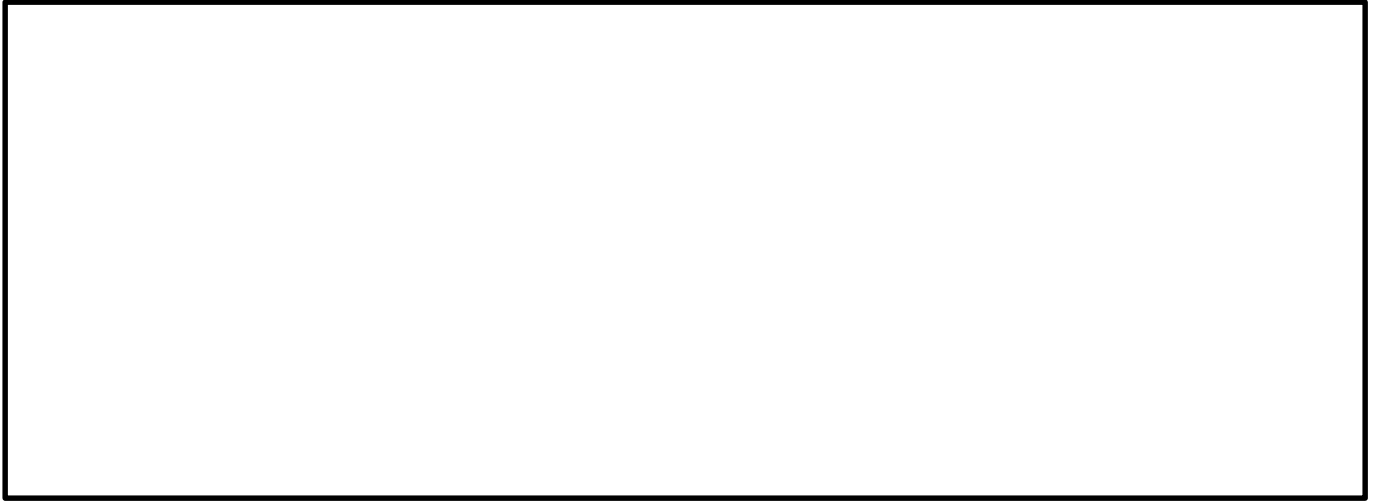
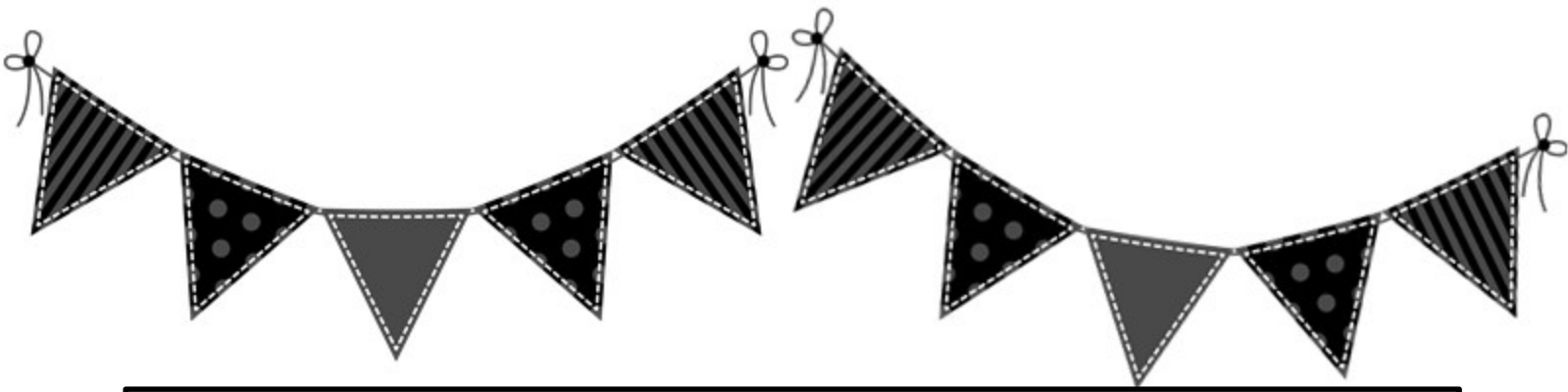
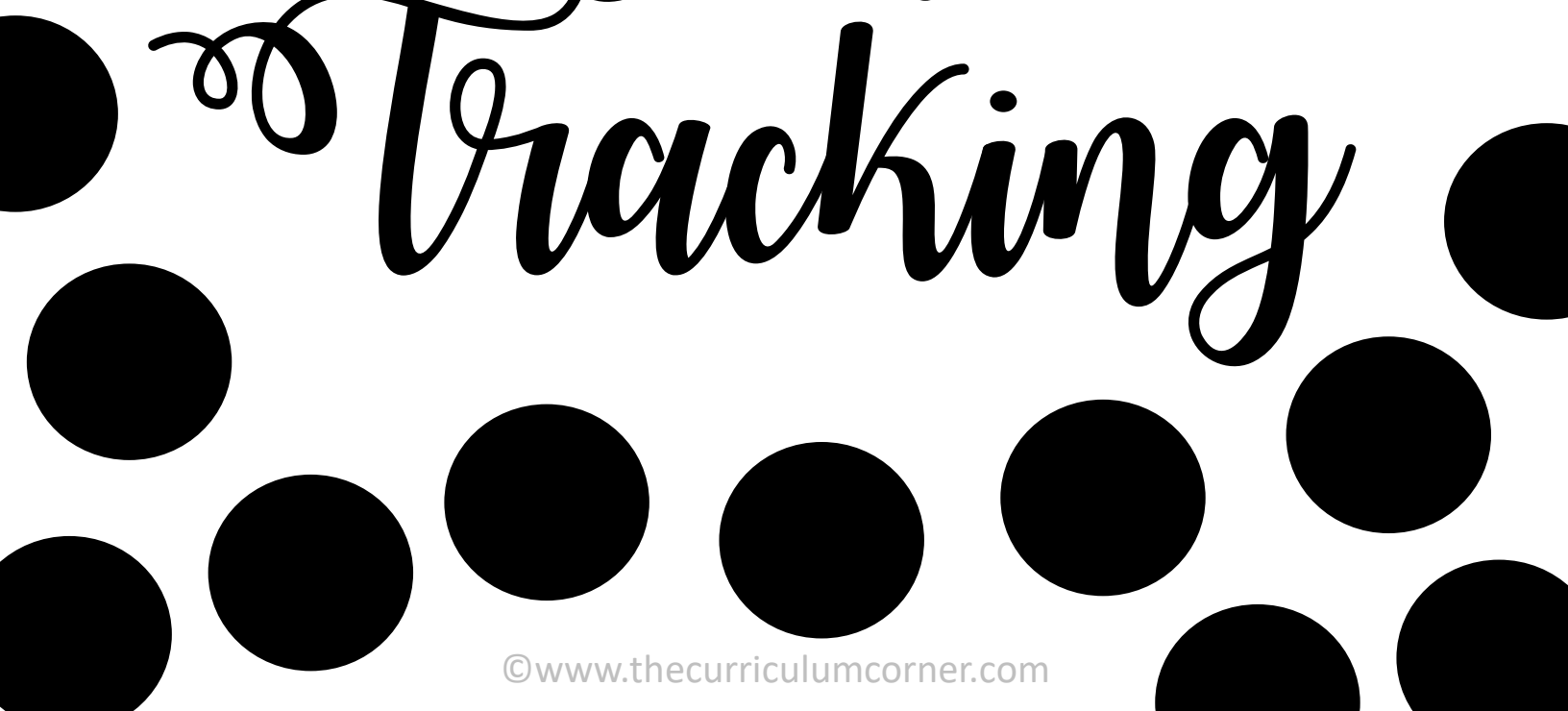


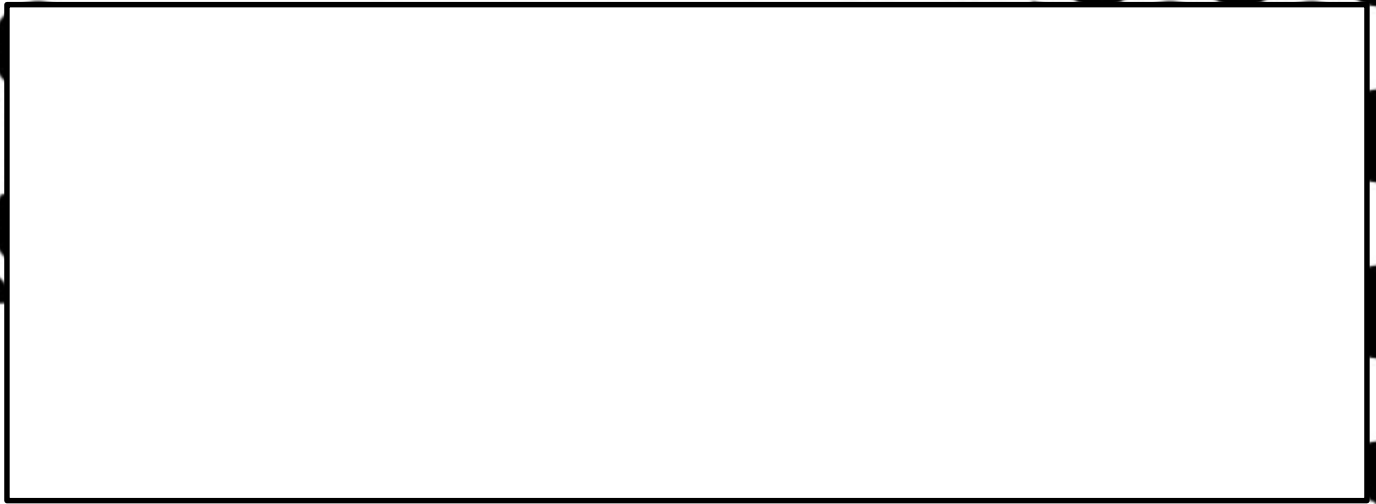
Planning Binder



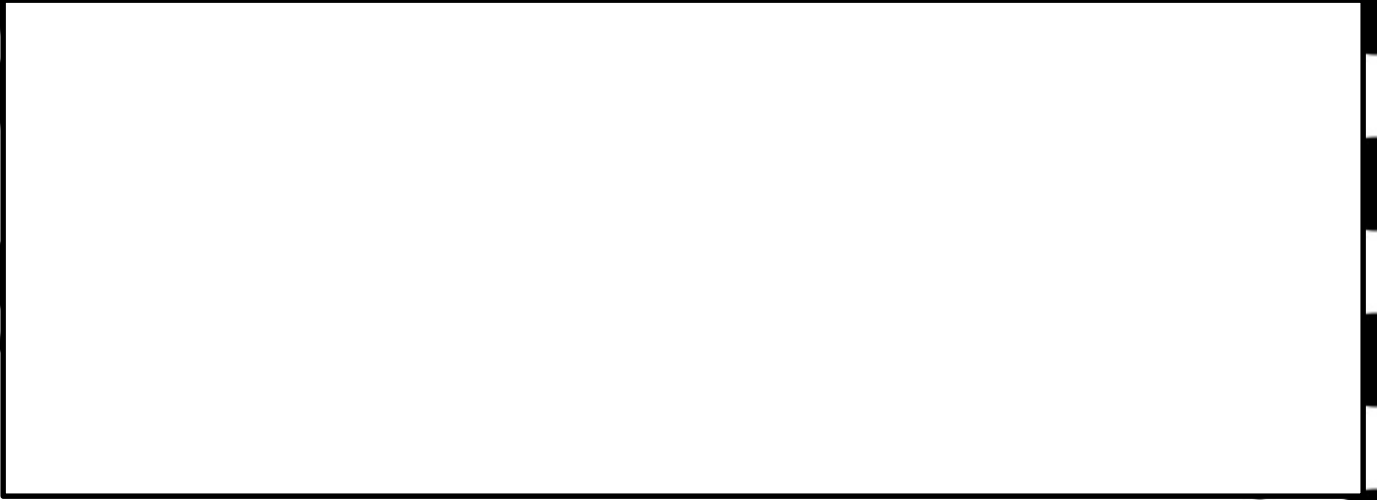


Data Tracking





Planning Binder



Data Tracking

Goals for This year...

1.

2.

3.

4.

5.

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.

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:

Statement & Mission

I am _____.

I am _____.

I am _____.

I want to _____.

I want to _____.

I want to _____.

I will _____.

I will _____.

I will _____.

Date: _____

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:

Class Birthdays

Teacher: _____

January

February

March

April

May

June

July

August

September

October

November

December

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

Conference Reminders Teacher:

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
Student:	Destination	Days/ Times

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

Things To Do

Week of:

Monday

Tuesday

Wednesday

Things To Do

Week of:

Thursday

Friday

Saturday/Sunday

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:

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:

Student Groupings

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:

Student Groupings

Date:

Subject:

Teacher:

Group 1:

Group 2:

Group 3:

Group 4:

Notes/Observations:

Curriculum Framework

Week of:

Teacher:

Reading Workshop

Focus:

Standards:

Text(s) to be used:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Assessment:

Notes:

Small Group Instruction

Centers:

	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.

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:

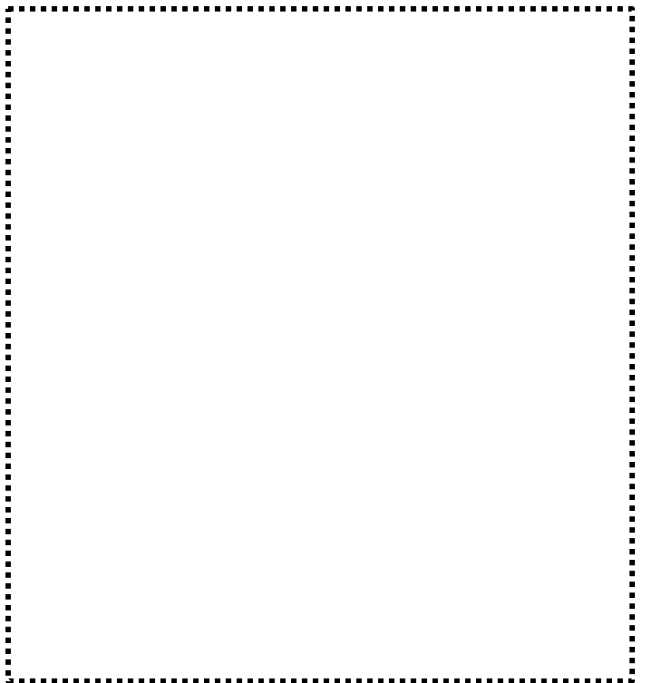
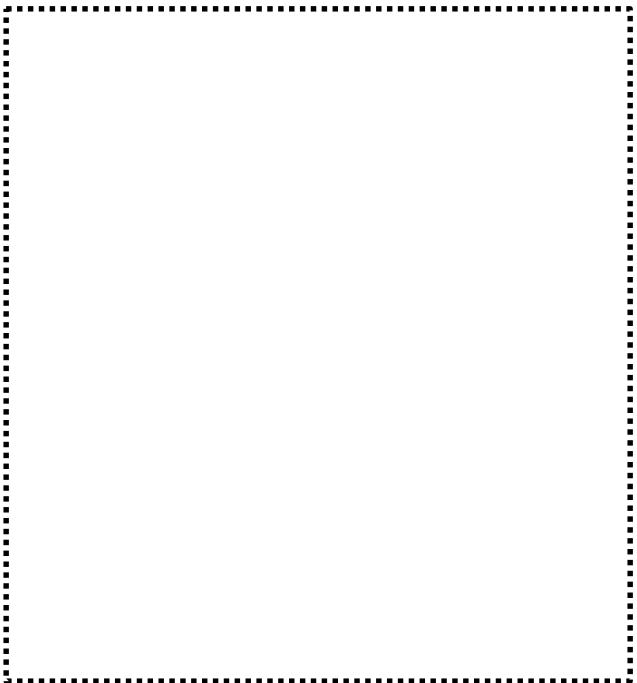
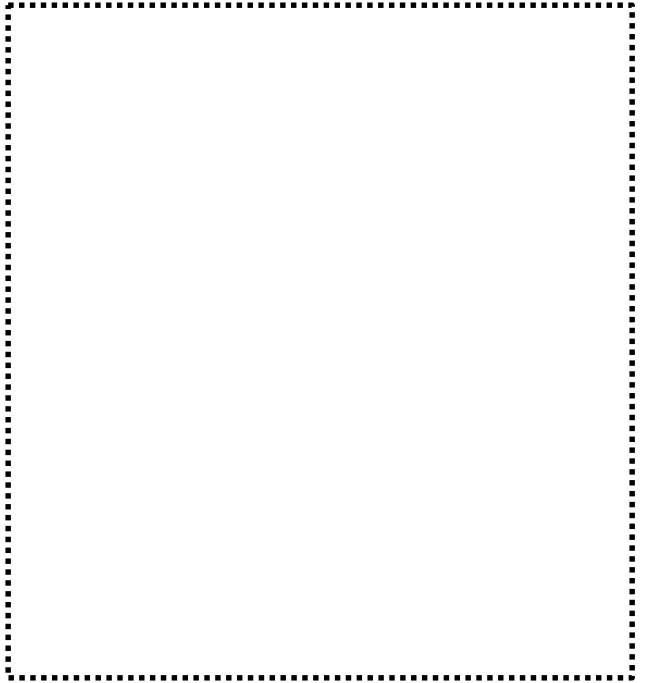
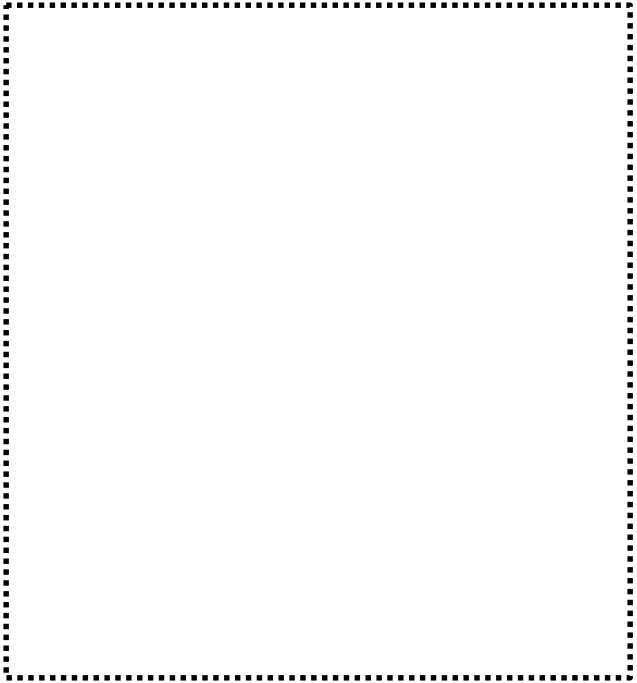
Favorite Quotes

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

Four large rectangular boxes with dotted borders, intended for recording motivational quotes.

Professional Development Dreams

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



Blank writing area with a dashed border.

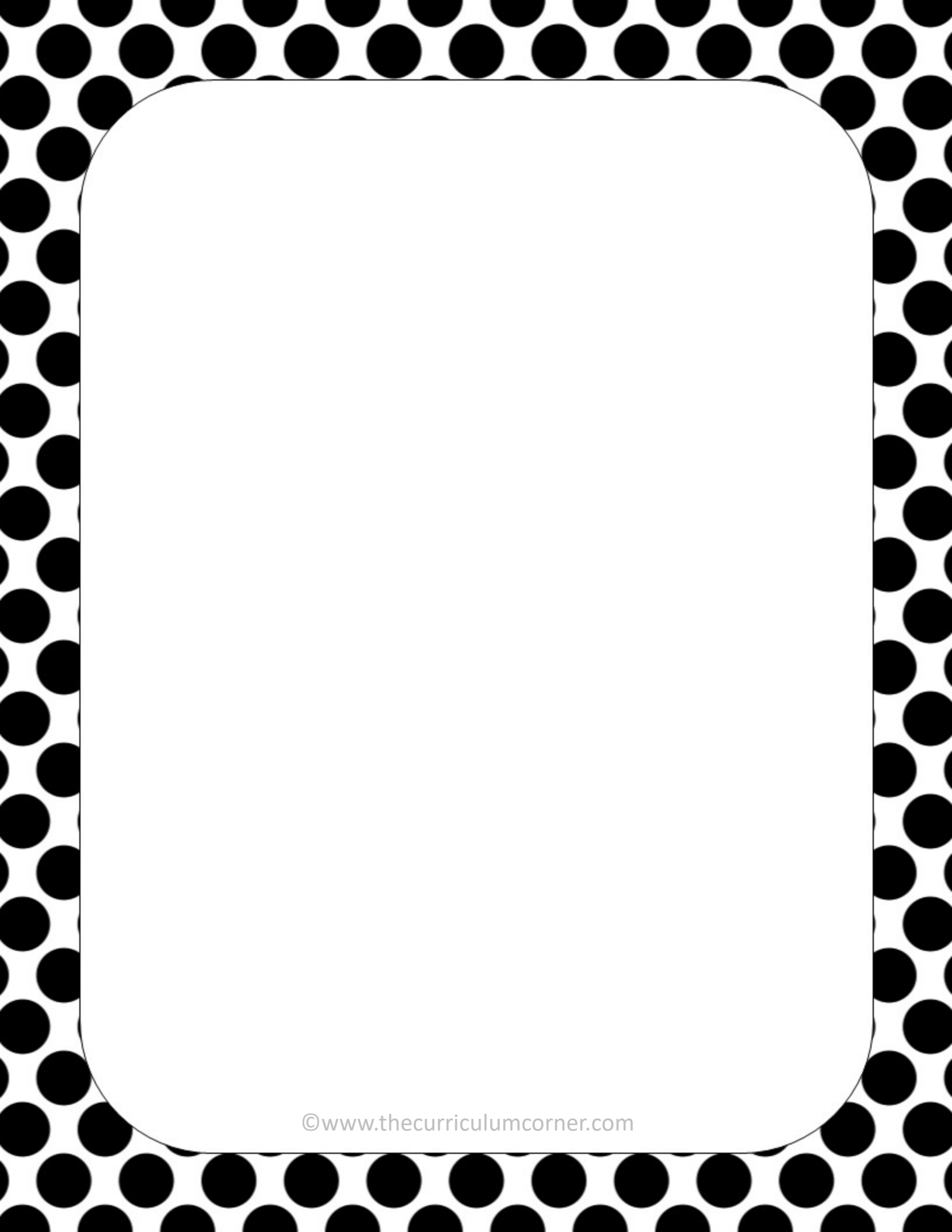
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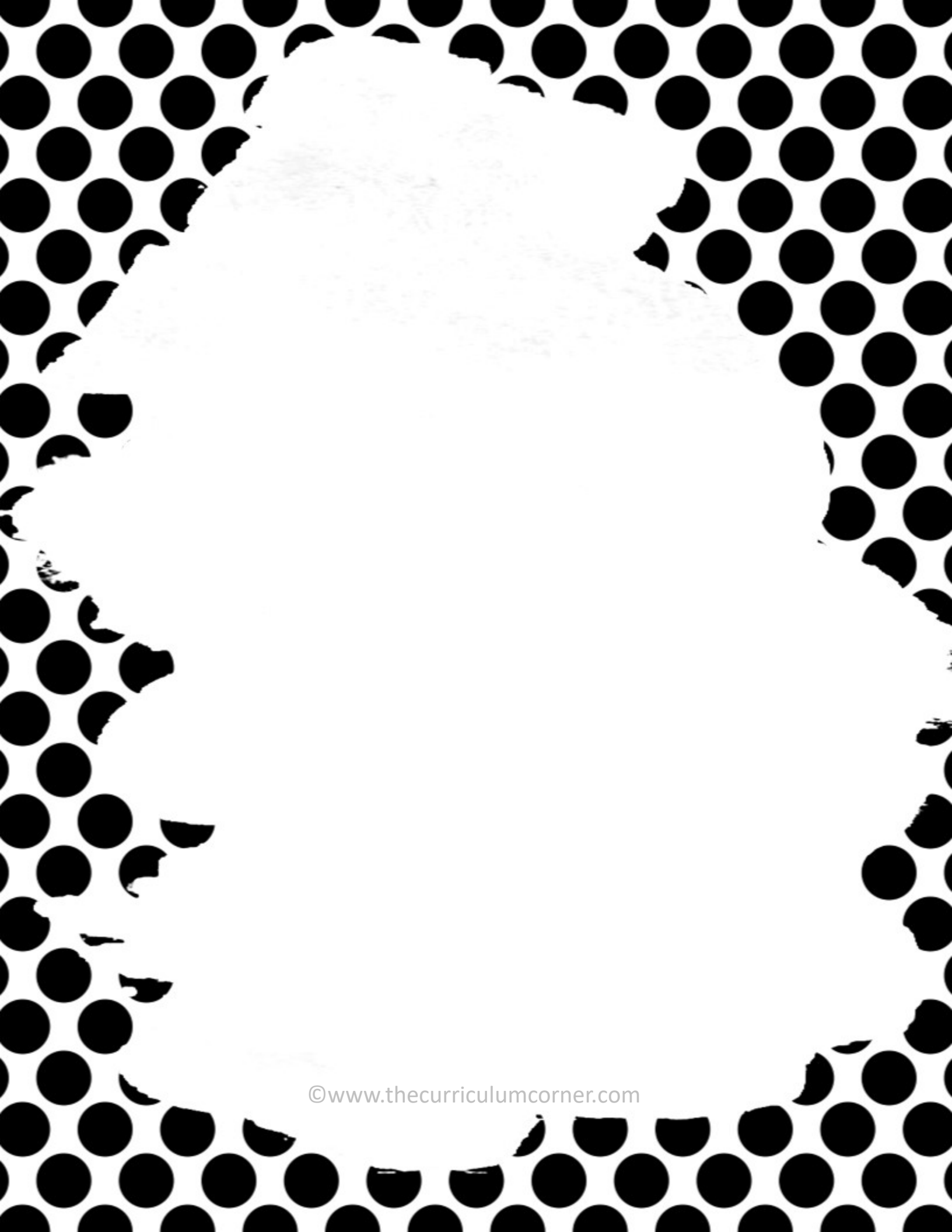
Blank writing area with a dotted border.

Blank writing area with a dotted border.

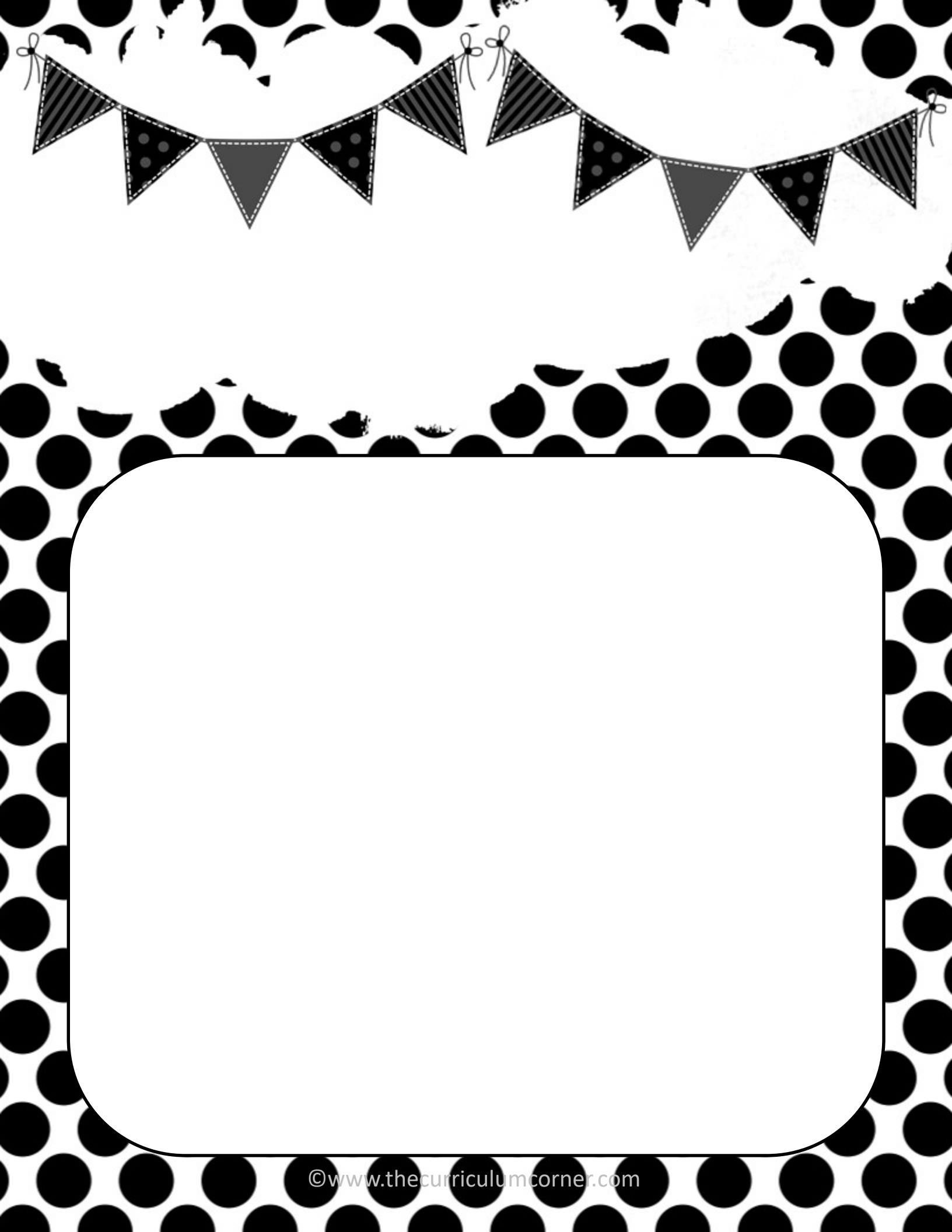
Blank writing area with a dotted border.

Blank writing area with a dotted border.





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A large, empty, rounded rectangular box with a black border, intended for writing or drawing.