



Planning Binder



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.

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: -----

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
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Parent Contact: Name: _____ Number: _____ E-mail: _____ Other: _____	Suggested Interventions
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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

Behavior Documentation

Teacher: _____ Year: _____

date	student name	behavior	action taken	follow up info.

Behavior Documentation

Student: _____ Teacher: _____

date	behavior	action taken	parent communication	follow up info.

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

Passwords to Remember

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

Professional Resources to Purchase

title	author	Why it's great...

Classroom Expenses Budget:

date	purchase	store	amount	receipt turned in

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

Medical

Glasses: Y N

Seizures: Y N

Allergies: Y N

Meds: _____

Notes: _____

Office #:

Principal's Name:

Principal's #:

In an emergency call:

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

Notes From Your Day

Guest teacher name:

Today's STAR Students

Date:

Contact info if needed;

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		

Writing Workshop

Focus:

Standards:

Text(s) to be used:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Assessment:

Notes:

Math Workshop

Focus:

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

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

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!

A large rectangular area with a dotted border, divided into five horizontal sections for writing quotes.

Professional Development Dreams

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



