|  |  |  |
| --- | --- | --- |
| **Class/Level:** **Number of Classes:**  | **Date: from**  | **Unit Title:**  |

**Previous Learning : Lesson Title:**

**Vertical Integration: Horizontal Integration:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Specific Outcomes** | **Material/****Resources** | **Instructional Strategy**  | **Assessment**  | **Procedures**  | **Duration** |
| **Strategy** | **Tool** |  |
|  |  |  | **-** |  |  |  |  |

**(Daily follow –up table)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day & Date** | **Section** | **Period** | **Fulfilled Outcomes**  | **Homework** |
| **A** | **B** |
|  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***Reflection:***

***I feel satisfied with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Challenges that faced me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Suggestions for improvement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***