

## Oklahoma Department of Corrections Lesson Plan Cover Sheet

Reviewer's Name: \_\_\_\_\_

Review Due Date: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Action Taken:  Revised  Removed  No Change/ Approved  Other: \_\_\_\_\_

Reviewer's Signature, Title: \_\_\_\_\_

General Course Information	
ELM Catalog Type: _____	ELM Code/CLEET Code: _____
Lesson Title: _____	
Author Name, Title: _____	Credit Hour(s): _____
Required Instructor Certifications: _____	
Approved For: <input type="checkbox"/> In-Service <input type="checkbox"/> Safety <input type="checkbox"/> Supervisory <input type="checkbox"/> Job Specific <input type="checkbox"/> CERT <input type="checkbox"/> CLEET <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____	

Time Frames	Class Dynamics
Total:	Number of Participants:
Suggested Schedule:	Instructor: Participant Ratio:
From:	Target Population:
Performance (Course) Objectives	Evaluation Procedures
At the conclusion of this block of instruction, training participants will be able to:	

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**Delivery Methods/Techniques**

**Classroom Space and Equipment Requirements**

- Flipchart stands \_\_\_\_Number needed
- Flipchart pads \_\_\_\_Number needed
- Felt-tip markers \_\_\_\_Number needed
- Masking tape (size 1/2", 3/4", 1")
- Chalkboard/Whiteboard
- Overhead projector
- Public Address System
- Other:

- Computer
- PowerPoint projector
- Wireless Remote for PowerPoint projector
- VCR/DVD Player
- Speakers for computer
- Speakers for VCR/DVD player
- Television
- Surge Protector
- Extension cord \_\_\_\_Length
- Other:

**Instructor/Participant Materials**

**Sources/References/ Copyright Permission**

**Student Materials (Handouts)**

Title*	When to Distribute	Comments

**Applicable Agency Policies and Procedures**

**Applicable American Correctional Association (ACA) Standards**

\*IT IS EXPECTED YOU WILL SECURE COPYRIGHT CLEARANCES UNLESS OTHERWISE INDICATED