

**Weekly Lesson Plan**

Client # \_\_\_\_\_

Supervisor \_\_\_\_\_

Week of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinician \_\_\_\_\_

Days: M T W R F      Time: \_\_\_\_\_

Goal(s) # \_\_\_\_\_

Task Sequence:

Materials:

Assignments/Recommendations to Parents: