

Administrative		
Name: _____		
Date: _____		
Section: _____		
Teacher: _____		
Subject: _____		
Grade: _____		
Unit: _____		
Lesson: _____		
Topic: _____		
Objectives: _____		
Materials: _____		
Activities: _____		
Assessment: _____		
Reflection: _____		
Signature: _____		
Date: _____		

LESSON 1



Inhalation	Exhalation	Coughing
✓	✗	✓
✗	✓	✗