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|----------------------------------------------------------------|------------------------------|
| <b>Strengthening Adult Reading<br/>Instructional Practices</b> | OMB#: _____ Exp. Date: _____ |
|                                                                | Code # _____ — _____ — _____ |

### Instructor Log

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_  
 Program: \_\_\_\_\_ Class Name: \_\_\_\_\_  
 Class Time: Begin: \_\_\_\_\_ End: \_\_\_\_\_ Day of Week: \_\_\_\_\_

Directions: After each class, please complete the information in the log regarding the activities that you conducted during the class. If no activities were conducted for a lesson component, write "NC" in the space for that component.

| <b>Reading Component<br/>(List component(s) taught or other information taught)</b> | <b>Lesson Component</b>                                                                          |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
|                                                                                     | <b>Review/Set-up (List skills, concepts reviewed.)</b>                                           |
|                                                                                     | <b>New Information and Instructor Modeling (List key points, instructional strategies used.)</b> |
|                                                                                     | <b>Checking for Learners' Understanding of New Information (List activity, materials.)</b>       |
|                                                                                     | <b>Guided Practice (List activities, materials.)</b>                                             |
|                                                                                     | <b>Feedback to Learners on Guided Practice (List activities.)</b>                                |
|                                                                                     | <b>Independent Practice (Describe.)</b>                                                          |
|                                                                                     | <b>Other Activities: List</b>                                                                    |

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