

## Teacher Implementation Log

### Lesson 1. Name of Lesson: Use Your Five Senses

**Directions:** Please fill in the information in the spaces below. Write additional comments about the activities, or describe specific modifications on the next page.

Date(s) Lesson Taught: _____		Number of students assisting with garden maintenance this week: _____		
Into which content areas did you integrate this lesson? Check <input checked="" type="checkbox"/> all that apply. <input type="checkbox"/> Math <input type="checkbox"/> History <input type="checkbox"/> Physical Education <input type="checkbox"/> Science <input type="checkbox"/> Language Arts <input type="checkbox"/> Other: _____				
ACTIVITY	TIME Check <input checked="" type="checkbox"/> amount of time spent teaching the activity.	MATERIALS Check <input checked="" type="checkbox"/> handouts distributed.	MODIFICATIONS Check <input checked="" type="checkbox"/> the extent to which you made changes to the activity. For each activity you modified, describe how it was modified. Use next page of log, if necessary.	
1. Plant Parts Eaten	<input type="checkbox"/> I did not teach this. <input type="checkbox"/> 1 - 20 min. <input type="checkbox"/> 21 - 40 min. <input type="checkbox"/> 41 - 60 min. <input type="checkbox"/> over 60 min. (specify) ____	<input type="checkbox"/> 1.1 Stay Healthy; Wash Your Hands <input type="checkbox"/> 1.2 Polite Food Tasting—Be Kind <input type="checkbox"/> 1.3 The Five Senses	<input type="checkbox"/> No modifications made. <input type="checkbox"/> Modifications made, describe: _____ _____ _____	
2. Taste Test/Writing Sensory Adjectives	<input type="checkbox"/> I did not teach this. <input type="checkbox"/> 1 - 20 min. <input type="checkbox"/> 21 - 40 min. <input type="checkbox"/> 41 - 60 min. <input type="checkbox"/> over 60 min. (specify) ____		<input type="checkbox"/> No modifications made. <input type="checkbox"/> Modifications made, describe: _____ _____ _____	
3. Extension: How Plants Grow	<input type="checkbox"/> I did not teach this. <input type="checkbox"/> 1 - 20 min. <input type="checkbox"/> 21 - 40 min. <input type="checkbox"/> 41 - 60 min. <input type="checkbox"/> over 60 min. (specify) ____		<input type="checkbox"/> No modifications made. <input type="checkbox"/> Modifications made, describe: _____ _____ _____	
How much do you agree with this statement? Overall, the students were receptive (e.g., interested, enthusiastic, open to try, and responsive) to the lesson. Circle one.				
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree

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<b>If this lesson included a taste-testing activity, answer the questions below</b>
Featured fruit or vegetable: _____
Number of students tasting the fruit or vegetable: _____
Number of students <i>unwilling</i> to taste the fruit or vegetable: _____
Taste testing was administered (check <input checked="" type="checkbox"/> one): Before lunch <input type="checkbox"/> After lunch <input type="checkbox"/>

<b>Other comments about lesson activities, positive or negative, that would be useful when revising the curriculum (e.g., developmental or cultural appropriateness for your students, ease of use):</b> _____ _____ _____ _____ _____ _____ _____ _____ _____
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MODIFICATIONS, continued.	
1. Plant Parts Eaten	
2. Taste Test/Writing Sensory Adjectives	
3. Extension: How Plants Grow	