



California State University East Bay
College of Education and Allied Studies
Teacher Education Department

Teacher Credential Candidate Technology Infused Lesson Plan – Authorization Form

STUDENT INFORMATION

Date: _____

NAME OF STUDENT: _____

SCHOOL: _____

GRADE/SUBJECT: _____

TITLE OF LESSON (Full plan document must be attached):

STANDARD(S) ADDRESSED (ACADEMIC & TECHNOLOGY):

Academic: _____

Technology: _____

TECHNOLOGY MATERIALS (to insure nothing will be missing for & during presentation) :

EXPECTED VALUE ADDED DUE TO THE TECHNOLOGY (not achieved otherwise) :

AUTHORIZATION AND EVALUATION

CLASSROOM ASSESSMENT RUBRIC (points):

	LOW	MEDIUM	HIGH
VALUE ADDED TO LESSON	1	2	3
PLAN COMPLETENESS	1	3	4
DELIVERY IN THE CLASSROOM	1	2	3

Circle each choice above, add, end enter below

MASTER TEACHER: _____
Name

Signature

Date

Score (0-10)

CSUEB SUPERVISOR: _____
Name

Signature

Date

Score (0-10)

CLASS INSTRUCTOR: _____
Name

Signature

Date

Score (0-10)