# Cover Sheet

## Individual Content Area and Grade Level Packet

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Name of SES Provider: _____

Address: _____

Contact Person:_____ Title: _____

Phone: _____ E-Mail: _____

Content Area (Please Check One): _____ ELA/Literacy _____ Math

Grade Level (Please Check One):_____ K ____Gr. 1 ____Gr. 2 _____Gr.3

_____ Gr.4 _____Gr.5 _____Gr.6 _____Gr.7

_____ Gr.8 _____ Gr.9 _____Gr.10 _____Gr.11 _____ Gr.12

Lesson Plan #1 Title: _____

Attached Supporting Documents for Lesson Plan #1:

_____

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Lesson Plan #2 Title: _____

Attached Supporting Documents for Lesson Plan #2:

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_____

Lesson Plan #3 Title: _____

Attached Supporting Documents for Lesson Plan #3:

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