

Small Group Lesson Options for Early Readers

Select a skill focus for each group. Select 2-3 activities from the menu below.

<p>Phonemic Awareness Skills ___ minutes</p>	<p>Choose 1 skill and 1 activity</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Skill</th> <th style="width: 50%; padding: 5px;">Activity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> First sound fluency <input type="checkbox"/> Last sound fluency <input type="checkbox"/> Blending / Segmenting phonemes <input type="checkbox"/> Middle sound fluency <input type="checkbox"/> Adding / Deleting phonemes <input type="checkbox"/> Substituting phonemes <input type="checkbox"/> Other _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Repeat Heggerty lesson ____ <input type="checkbox"/> Hands on alphabet sounds <input type="checkbox"/> Sound sort <input type="checkbox"/> Robot talk <input type="checkbox"/> Elkonin/sound boxes <input type="checkbox"/> Other _____ </td> </tr> </tbody> </table>	Skill	Activity	<input type="checkbox"/> First sound fluency <input type="checkbox"/> Last sound fluency <input type="checkbox"/> Blending / Segmenting phonemes <input type="checkbox"/> Middle sound fluency <input type="checkbox"/> Adding / Deleting phonemes <input type="checkbox"/> Substituting phonemes <input type="checkbox"/> Other _____	<input type="checkbox"/> Repeat Heggerty lesson ____ <input type="checkbox"/> Hands on alphabet sounds <input type="checkbox"/> Sound sort <input type="checkbox"/> Robot talk <input type="checkbox"/> Elkonin/sound boxes <input type="checkbox"/> Other _____
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<p>Reading ___ minutes</p>	<p>Choose 1 skill and 1 text</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">Skill</th> <th style="width: 50%; padding: 5px;">Text</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> <input type="checkbox"/> CVC <input type="checkbox"/> Digraphs <input type="checkbox"/> Blends <input type="checkbox"/> CVCe <input type="checkbox"/> R-Control <input type="checkbox"/> Vowel Team <input type="checkbox"/> Other _____ </td> <td style="padding: 5px;"> <input type="checkbox"/> Power Readers ____ <input type="checkbox"/> A→Z ____ <input type="checkbox"/> WV Phonics passages ____ <input type="checkbox"/> Other _____ </td> </tr> </tbody> </table>	Skill	Text	<input type="checkbox"/> CVC <input type="checkbox"/> Digraphs <input type="checkbox"/> Blends <input type="checkbox"/> CVCe <input type="checkbox"/> R-Control <input type="checkbox"/> Vowel Team <input type="checkbox"/> Other _____	<input type="checkbox"/> Power Readers ____ <input type="checkbox"/> A→Z ____ <input type="checkbox"/> WV Phonics passages ____ <input type="checkbox"/> Other _____
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<p>HFW ___ minutes</p>	<input type="checkbox"/> Orthographic Mapping <input type="checkbox"/> Other _____
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