

# Grade 7

# Unit Lesson Logs

School Name \_\_\_\_\_

Teacher Name \_\_\_\_\_

Classroom # \_\_\_\_\_



Positive Action™  
Positive Change Takes Positive Action

# Unit 1 Lesson Log

*Self-Concept: Its Definition, Formation, and Importance*

Teacher Name \_\_\_\_\_ Classroom # \_\_\_\_\_

Lesson #	Date	Time	Lesson Adaptation
1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
7	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
8	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
9	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
10	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
11	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
12	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
13	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
14	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
15	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
16	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
17	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
18	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
19	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
20	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
21	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
22	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
23	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
24	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
25	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
26	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
27	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

# Unit 2 Lesson Log

*Physical and Intellectual Positive Actions for a Healthy Self-Concept*

Teacher Name \_\_\_\_\_ Classroom # \_\_\_\_\_

Lesson #	Date	Time	Lesson Adaptation
28	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
29	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
30	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
31	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
32	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
33	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
34	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
35	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
36	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
37	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
38	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
39	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
40	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
41	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
42	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
43	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
44	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
45	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
46	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
47	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
48	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
49	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
50	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
51	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

# Unit 3 Lesson Log

*Managing Yourself Using Social/Emotional Positive Actions*

Teacher Name \_\_\_\_\_ Classroom # \_\_\_\_\_

Lesson #	Date	Time	Lesson Adaptation
52	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
53	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
54	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
55	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
56	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
57	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
58	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
59	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
60	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
61	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
62	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
63	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
64	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
65	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
66	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
67	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
68	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
69	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
70	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
71	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
72	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
73	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
74	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
75	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
76	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
77	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
78	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
79	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
80	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
81	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
82	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed