

Grades 9–11

(High School Kits I-III)

Unit Lesson Logs

School Name _____

Teacher Name _____

Classroom # _____



Positive Action™
Positive Change Takes Positive Action

Unit 1 Lesson Log

Life's Big Question: "Who Am I?"

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

Unit 2 Lesson Log

Who Am I Physically & Intellectually?

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
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
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

Unit 3 Lesson Log

Who Am I as a Manager of Myself?

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
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
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

Unit 4 Lesson Log

Who Am I as a Social Self?

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
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
83	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
84	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
85	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
86	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
87	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
88	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
89	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
90	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 5 Lesson Log

Who Am I as an Honest Self with Myself and Others?

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
91	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
92	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
93	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
94	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
95	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
96	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
97	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
98	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
99	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
100	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
101	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
102	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
103	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
104	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
105	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
106	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
107	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
108	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 6 Lesson Log

Who Am I as a Continually Improving Self?

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
109	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
110	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
111	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
112	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
113	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
114	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
115	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
116	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
117	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
118	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
119	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
120	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
121	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
122	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
123	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
124	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
125	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
126	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
127	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
128	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
129	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
130	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
131	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
132	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed