











Foreign/World Language Learners Daily/Weekly/Monthly Planning Checklist

Theme/Topic/Content: _____

Standards: _____

Date/Time: _____

Tasks	Description of Assessment/Activity	✓	Time for Tasks
<input checked="" type="checkbox"/>  Verbal – Linguistic			
<input checked="" type="checkbox"/>  Logical – mathematical			
<input checked="" type="checkbox"/>  Bodily – Kinesthetic			
<input checked="" type="checkbox"/>  Visual – Spatial			
<input checked="" type="checkbox"/>  Musical – Rhythm			
<input checked="" type="checkbox"/>  Inter-personal			
<input checked="" type="checkbox"/>  Intra-personal			
<input checked="" type="checkbox"/>  Naturalist			