



My ABii Plan

Monday	Tuesday	Wednesday	Thursday	Friday
Lesson Title(s): <input type="checkbox"/> Whole Group Instruction <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Independent Learning Time	Lesson Title(s): <input type="checkbox"/> Whole Group Instruction <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Independent Learning Time	Lesson Title(s): <input type="checkbox"/> Whole Group Instruction <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Independent Learning Time	Lesson Title(s): <input type="checkbox"/> Whole Group Instruction <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Independent Learning Time	Lesson Title(s): <input type="checkbox"/> Whole Group Instruction <input type="checkbox"/> Small Group Instruction <input type="checkbox"/> Independent Learning Time
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