

	LESSON F	PLAN		
Name: Tamarin Butcher	nber: 4			
Lesson type: Speaking	er of students: 3-8			
Lesson Aim(s): Specify your main aims and	d sub-aims, including any tar	get language you aim to clar	rify	
Main aim: By the end of the lesson, stude relief in the context of going to the doctor Subsidiary aim: By the end of this lesson, language in the context of going to the do Context: Going to the doctor's	's. students will have practiced			Tutor: Appropriate lesson aims? (please circle) YES NO
Materials: Empower Pre Intermediate, Dof	porary English Iglish Text – tophonetics.con Indicate the second secking definitions for langua	<u>.</u> 1	5, CUP	Tutor: Sources acknowledged? (please circle) YES NO
 Language Analysis (please highlight which Note: You must complete a lang a) a vocabulary analysis (at the end of thish) a grammar analysis (separate document) a functions analysis (separate document) 	uage analysis for each lesson document) t)			Tutor: Sufficient language analysis (please circle) YES NO N/A



Comment on lesson plan and langu Aims:	age analysis:		
Procedure:			
LA:			
Materials:			
o			
Strengths:			
•			
Points to work on (Action points):			
•			
Trainer's overall comment:			
Overall grade for this lesson: B	SELOW AT	standard for this stage of the course	
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Tutor Signature:

Assumptions: What do you expect the students will already know about the language/content of your lesson?

- Students may have basic vocabulary for common symptoms and body parts and be ready to extend their vocabulary to speak about going to the doctor's in a productive task.
- Students may already understand the sentence structures used for simple doctor—patient questions and responses to a basic degree and be ready to extend their knowledge to use filler vocabulary and common expressions.
- Students may recognise a few expressions/filler words for showing concern and relief but may not use them naturally.
- Students may have some cultural awareness of what happens at a doctor's visit.

Anticipated problems (skills and classroom management – NOT language. E.g. problems with timing, grouping, instructions, topics, logistics, etc.)

- I am still struggling with timing phases in the moment, i.e., even when my plan looks good in terms of timing, I am still having to rush through my final phases.
- We have seen one student derail lessons, another (new) student who gets confused about instructions and interrupts to get caught up, and a couple of students who monopolize discussions.
- 3. Occasionally, students end up alone on BORs.
- Students seem to be struggling to follow instructions across lessons, especially when going into BORs (not happening every time but happening often enough to think about).

Solutions to these problems:

- I will use the specific time markers added to my lesson plan to keep track of how I am actually performing using a timer on my computer (rather than simply glancing at the clock here and there).
- 2. I will be proactive and forceful in shutting down the student who tends to derail the lesson. I will redirect any new students who are unfamiliar with lesson procedure gently but firmly, explaining how things work on-the-spot as needed. I will be mindful of BORs, and ensure when monitoring that vocal students are allowing quieter students an opportunity to speak.
- 3. I will re-count the number of students left in the room before every BOR, and recreate BORs accordingly, ensuring that there are only two students (with one group of three, when needed) in each room. I will exclude co-hosts from the automatic room assignment to help keep things on track.
- I will read my carefully scripted instructions and not add any unnecessary extra explanations. I will also actually use my carefully thought-out ICQs to ensure understanding before I send Ss into BORs.



Personal Aims - What action points from your previous lesson(s) are you working on?

- I will pace my lesson well this time to leave enough room for free practice and language feedback at the end. Specifically, I will restrict any language clarification that has to happen to 1 minute/word for M, F, and P. (Maybe more relevant to grammar lessons but can apply here too.)
- I will spend additional time clarifying pronunciation ACCURATELY for myself before teaching as well as determining how I will convey the concepts.
- I will grade not only the language I use, but also the speed at which I speak (I spoke too quickly last lesson).
- I will work on creating more useful ICQs using antonyms and synonyms. I will craft more meaningful CCQs based on the definition of the word found in Longman's Dictionary.
 - a. Related: I will actually use the ICQs and CCQs that I script.
- 5. I will try to use different error correction techniques throughout the lesson.

Where are these on your lesson plan? What is your strategy to improve in these areas?

- 1. I have added time stamps to my LP (specifically, the time my countdown timer should read at the beginning of a stage and the time it should read at the end of a stage) to keep me on track. I am using my computer's countdown timer to be more aware of how much time I am using. Most importantly, I used backward design and began by planning the most important stages (in this case, Productive Task, Feedback on Content, Productive Task, Feedback on Language) first and then used the time I had left for the earlier stages.
- I spent about a week practicing the skill of analysing words, phrases, and sentences for both grammar and pronunciation, and I dedicated focused time to ensuring accuracy in these areas for the phrases I am teaching, even though this section of the lesson is only a few minutes long.
- My scripts are good and my instructions are clear, so this lesson I will focus on speaking slowly as my main priority. I also spoke slowly when timing my stages during planning.
- I have written all ICQs and CCQs in the LP, highlighting them to make them easier to notice. I was thoughtful about the questions, tried not to repeat myself too much with ICQs, and used the definitions of phrases for CCQs.
- 5. I will look out for opportunities to use elicitation (when I think the student knows the correct answer), hints about the error (e.g., Do we say go or went?), repeating the error questioningly (e.g., He have fever?), gestures/facial cues for pronunciation and intonation correction, on-the-spot notes on my slides to look at later (already using), and delayed correction (already using).



Time	Interaction	Stage Name	Stage aim	Procedure	Trainer's Comments
2.5 min 7:15 – 7:17ish 00:00 02:30	T-S S-S WCFB	Lead-in	To engage Ss in the context of the lesson: expressing concern and relief at the doctor's	1. "Hello! It's great to see you all today." 2. "Meddi's lesson was so interesting. I enjoyed learning about Leos's visit to the doctor. Next, the doctor will give Leo some advice. But before we listen to that, have a look at this picture." 3. PPT Slide Please help! "That's me! I have a headache. In pairs, come up with some advice to help me. You will have 1-and-a-half minutes. Add PDF and Word HOs to the Chat. I am sharing a handout in Word and PDF format in the Chat. HO Ex. 1. Take notes on the first page under exercise 1." (0.5 minutes for intro and instructions) a. "[Name], will you work alone?" (No, in pairs) b. "[Name], will you have 2 minutes for this breakout room?" (No, 1.5 minutes) 4. BOR: (1.5 minutes) a. Send students to BORs. Keep them in the Main Room if 3 or fewer students attend/are left. b. Monitor, camera/mic off.	



				5. PPT Slide <i>Please help!</i> "Welcome back. Animate. [Name], what advice do you have for me? What about you, [Name]?" Elicit from 2 students only, add ideas to the slide. "Thank you for your advice! I will keep that in mind the next time I have a headache." (0.5 minutes)
6.5 min 7:17ish - 7:24 2:30 - 9:00	S S-S WCFB	Input text (listening for gist)	To provide a model for the productive speaking task while listening for global understanding	Speed check: SPEAKING SLOWLY? 1. HO Ex. 2. "Now, look at Exercise 2 in the handout. Which treatments do you think the doctor will suggest for Leo? Choose True or False for each option. You will work alone. You have 1 minute to write down your answers on your own." (1.5. minutes, with instructions) a. "[Name], are you working in pairs?" (no, on our own) b. "[Name], are you talking or writing?" (writing) c. "Your time starts now." 2. PPT Slide Which treatments? "Now you will listen to the audio (motion to ear) and check your answers. The audio is about 2 minutes long." (2 minutes) a. Play audio on slide. TURN OFF MICROPHONE AND CAMERA BEFORE HITTING PLAY. b. Allow 10 seconds after audio ends.



			3. "Now you will check your answers in pairs. You will have two minutes." (2 minutes) a. Send students to BORs. Keep them in the Main Room if 3 or fewer students attend/are left. b. Monitor, camera/mic off. 4. PPT Slide Which treatments? "Welcome back. [Name], what is the answer to number 1?" Continue to elicit all answers. (1 minute)
3 min T -> 7:24 - 7:27 9:00 - 12:00	Language clarification	To clarify the meaning, form, and pronunciation of the target phrases used to express concern and relief at the doctor's	Speed check: SPEAKING SLOWLY? 1. "Thank you. Let's look at some sentences from the text used to show concern, relief, or sympathy." 2. PPT Slide Phew. That's good to hear. (1 minute) a. Play audio on slide. "Phew. That's good to hear." b. "[Name], if you say this, do you feel relieved or without stress?" (Yes) c. "[Name], would you say this if you got bad news?" (No) d. "Good. If you were worried (animate), then got good news (animate), you might be relieved (animate) and say, "Phew. That's good to hear."



	e. "Repeat after me: Phew. That's good to hear." <u>Drill. Note specifics</u> from Language Analysis if needed. When most students have said it well enough, move on.
	3. PPT Slide <i>Oh dear. Really?</i> . (1 minute) a. Play audio on slide. "Oh dear. Really?"
	b. "[Name], if you say this, are you concerned or relieved?" (concerned)
	c. "[Name], if you say this, did you get bad news?" (Yes)
	d. "Good. You might say this when you get bad news (<u>animate x2</u>) and then feel concerned (<u>animate</u>)."
	e. "[Name], if you say this, are you VERY worried?" (No)
	f. "That's right. You're only mildly worried. On a scale of Not Worried to Very Worried, <i>Oh dear. Really?</i> falls about here (animate)."
	g. "Repeat after me: Oh dear. Really?" Drill. Note specifics from Language Analysis if needed. When most students have said it well enough, move on.
	4. PPT Slide <i>What a relief!</i> (1 minute) a. <u>Play audio on slide</u> . "What a relief!"



			b. "[Name], if you say this, are you relaxed?" (Yes) c. "[Name], if you say this, did something bad end?" (Yes) d. "Good. We say this when we are worried (animate) about something that ends (animate), leaving us feeling relieved (animate)." e. "Repeat after me: What a relief!" Drill. Note specifics from Language Analysis if needed. When most students have said it well enough, move on.
8 min S 7:27 - S-S 7:35 WCFB 12:00 S	Task preparation	To provide students with an opportunity to prepare for the productive peaking task	Speed check: SPEAKING SLOWLY? Buffer time for giving instructions = (1 minute) 1. "Look at Exercise 3 in the handout. HO Ex 3. Match the doctor's questions with the patient's answers. You will work alone. You have 2 minutes." a. "[Name], will you work in pairs?" (No) b. "[Name], which exercise are you doing?" (ex. 3) c. "Your time starts now." d. Students work alone. (2 minutes) e. "Ok, now you will check your answers in pairs for 2 minutes."



				a. Send students to BORs. Keep them in the Main Room if 3 or fewer students attend/are left. b. Monitor, camera/mic off.
				a. PPT Slide Exercise 3. "Welcome back. [Name], what is your answer to number 1?" Elicit, animate, repeat until all answers are on screen.
				4. "Great. In a moment, you will practice speaking as a doctor and as a patient. Before you do, spend 2 minutes writing down some phrases you could use at the doctor's to express relief or concern." (2 minutes) a. "[Name], will you speak?" (No) "What will you do?" (Write.)
				b. "[Name], what are you writing?" (Useful phrases to use at the doctor's)
8 min 7:35 – 7:43	T-S S-S	Productive task	To provide students an opportunity to practice using the target language naturally in pairs	Speed check: SPEAKING SLOWLY? 1. PPT Slide Speaking Task. "Now that you have done some planning, it's your turn to speak! (2 minutes)
28:00				a. "I will split you into pairs." <u>Animate.</u>



	b.	"One of you will be the doctor, one	
		of you will be the patient."	
		<u>Animate.</u>	
	c.	"The patient will choose one of	
		these pictures (<u>animate pictures</u>).	
		Then they will describe their health	
		problem to the doctor." Animation	
		 Describe + direction arrow. 	
	d.	"The doctor will listen to the	
		patient and give advice." Animation	
		 Give advice + direction arrow. 	
	e.	"Use the sentences we covered	
		earlier. Remember to express	
		concern and relief!" <u>Animate on</u>	
		<u>slide, read phrases</u> .	
	f.	"You can also use these phrases at	
		the end of the handout to help	
		you." <u>Show</u> HO Useful Language.	
		<u>Read phrases</u> .	
	g.	PPT Slide Speaking Task "You will	
		have 3 minutes to be the doctor	
		(animate). Then you will switch and	
		have 3 minutes to be the patient	
		(animate). The breakout will be 6	
		minutes in total (animate). I will	
		send a message that says SWITCH	
		ROLES NOW! (animate) in Zoom	
		when it is time to switch roles. The	
		instructions are in Exercise 4 in the	
		handout. Screenshare HO Ex. 4."	
		Note: If there needs to be one group	
		of three, use PPT Slide Group of 3?	



	i. IF NEEDED: "There will be one group of 3. In this group, one person will be the nurse helping the doctor. You will give advice, just like the doctor. The doctor and the nurse must take turns to speak." h. PPT Slide For Example "For example, if the patient chooses the fourth picture, the conversation might go like this: Read speech bubbles." i. "[Name], will you have a turn to be the doctor?" (Yes.) "What about the patient?" (Yes) j. "[Name], how many minutes will you have to be the doctor?" (3
	example, if the patient chooses the fourth picture, the conversation
	the doctor?" (Yes.) "What about
	j. "[Name], how many minutes will you have to be the doctor?" (3 minutes)
	k. "[Name], how much time will you have in total?" (6 minutes, 3 minutes to be the doctor and 3 minutes to be the patient)
	2. BOR: (6 minutes)
	a. <u>Send students to BORs. Keep them</u> in the Main Room if 3 or fewer students attend/are left.
	b. <u>Monitor, camera/mic off.</u>



				c. SEND BROADCAST MESSAGE AFTER 3 MINUTES REMINDING STUDENTS TO SWITCH ROLES. 3. Note errors. Add these to PPT Slide Content feedback.
5 min 7:43 – 7:48 28:00 33:00	T-S	Feedback on content	To provide feedback on the content of the productive task (vocabulary and phrases used, etc.)	Speed check: SPEAKING SLOWLY? 1. PPT Slide Content feedback. "Welcome back. Let's look at a few things you might find helpful." Review content corrections noted during first productive task. Elicit answers from students. (5 minutes)
7 min 7:48 – 7:55 33:00 40:00	S-S	Productive task (repeat)	To provide students a second opportunity to practice using the target language naturally in pairs following content clarification	Speed check: SPEAKING SLOWLY? 1. Go back to: PPT Slide Speaking Task. "Good work! Now you will go back to the same breakout rooms to have the same conversation again. Correct your mistakes from last time. You will each have 3 minutes to be the doctor, and 3 minutes to be the patient – 6 minutes in total." Note: If there needs to be one group of three, use PPT Slide Group of 3? (1 minute) a. "[Name], are you having a different conversation?" (No, it's the same as last time) b. "[Name], will you take turns to speak?" (Yes) c. "[Name], how much time will you have to be the patient?" (3 minutes)



			a. Send students to BORs. Keep them in the Main Room if 3 or fewer students attend/are left. b. Monitor, camera/mic off. c. SEND BROADCAST MESSAGE AFTER 3 MINUTES REMINDING STUDENTS TO SWITCH ROLES. d. Note errors. Add these to PPT Slide Language feedback.	
5 min T-S 7:55 - 8:00 40:00 45:00	Feedback on language	To provide feedback on the language used in the productive task (grammar, pronunciation, etc.)	Speed check: SPEAKING SLOWLY? 1. PPT Slide Language feedback. "We just have one last thing to do before I hand over to the next teacher. Let's take a look at some language errors." Review language errors noted during final BOR. Elicit answers from students. (5 minutes) 2. "Thank you, everyone! Your next teacher is Rose. Have a good evening!"	



Vocabulary Language Analysis Sheet			
List the words/collocations/ phrases you plan to teach or that may be problematic for learners in your lesson. Indicate the part of speech	How will you convey and check meaning? (Script CCQs with expected answers here if relevant)	Transcribe the pronunciation, indicate stress, and any issues with connected speech.	What problems might Ss have with the meaning, pronunciation, and form? What will you do if these arise in class?
Example: I can't stand it (verb phrase/collocation)	I will convey meaning using a cline. □	o O /kænt'stænd/ ('t' is usually softened or omitted or replaced with a glottal stop)	P1: Ss may think "I can stand it" = I like it. S1: CCQ - Can I say "I can stand it" when I like something? (Answer: No) P2: Ss may omit the object S2: Tell Ss it's a transitive verb and record on the board as a chunk
Word/phrase (and part of speech- form)	Convey and check meaning	Pronunciation	Problems and solutions (at least 2 per item)
Phew. That's good to hear. Phew (interjection/filler expressing relief) good to hear (fixed phrase/collocation; adjective + to + base verb) Definition: Said by someone who is relieved because some good news/information has removed worry, fear, or doubt. Phew is an interjection expressing relief, while the rest of the sentence acknowledges that the news is good.	I will convey meaning using two images, one showing a worried person (preferably a patient), and the other showing the first person, relieved. I will use the images to enhance a simple graphic: Worried -> GOOD NEWS -> Relieved: Phew. That's good to hear. CCQs: "[Name], if you say this, do you feel relieved or without stress?" (Yes) "[Name], would you say this if you got bad news?" (No)	O O O O O /fju:. ðæts god ta hra./ Slight downward intonation on /fju:./ as it is written with a stop, not an exclamation. The prominent syllable is /ðæts/ with slight emphasis on /god/ and /hra/. Downward intonation on /ðæts god ta hra./	 Students may pronounce /fju:./ as an exclamation (upward intonation). I will drill the sound separately, as it is a separate 'sentence', and note the difference between Phew! and Phew. I will annotate my slide if needed. Students may drop to when using this phrase. Note the adjective + to + base verb pattern, and briefly cover some other examples (It's nice to mee you, That's hard to believe).



Oh dear. Really?

Oh dear (interjection/filler expressing concern)

Really? (adverb expressing confirmation/surprise)

Definition:

Said by someone who is concerned because of some bad, surprising or worrying news/information. Oh dear shows mild concern. Really? asks for confirmation or expresses disbelief.

I will convey meaning using two images, one showing a neutral person (preferably a patient), and the other showing the first person, worried/concerned. I will use the images to enhance a simple graphic:

Neutral -> BAD NEWS -> Concerned: Oh dear. Really?

I will also use a scale from Not Worried to Very Worried to show that *Oh dear* falls on the milder side of the scale.

CCQs:

"[Name], if you say this, are you concerned or relieved?" (concerned)

"[Name], if you say this, did you get bad news?" (Yes)

"[Name], if you say this, are you VERY worried?" (No)

O ο O /oυ dɪə. ˈrɪəli?/

Downward intonation on /əʊ dɪə/. No exclamation point = mild expression of concern, hence downward intonation.

Upward intonation on /ˈrɪəli?/. (It's a question/request for confirmation.)

No /r/ at the end of /əʊ dɪə/.

- 1. Students /əʊ dɪə/ may pronounce as an exclamation (upward intonation).
 - a. Reiterate that this is a mild expression of concern, with no exclamation point, so it has a downward intonation.

 Demonstrate the differences between Oh dear! and Oh dear.
- 2. Students may thinks *Really* only expresses surprise.
 - Vary tone of voice and use facial expressions/hand gestures to show how Really can be used to show surprise, concern, and disbelief.

What a relief!

(fixed

phrase/exclamation/noun phrase expressing relief What + a + noun))

Definition:

Said by someone who is relieved because something bad, worrying or stressful is over, and they now feel relaxed.

I will convey meaning using two images, one showing a worried person (preferably a patient), and the other showing the first person, relieved. I will use the images to enhance a simple graphic:

Worried -> BAD TING ENDS - > Relieved: What a relief!

CCQs:

"[Name], if you say this, are you relaxed?" (Yes)

"[Name], if you say this, did something bad end?" (Yes)

O o **O** o /wpt ə rɪˈliːf**!**/

Upward intonation on /rr'li:f/ - exclamation

/p/ in /wpt/ and /a/ = schwa/de-emphasized

Word stress in /rr'li:f/ is on the first syllable

- After the last two sentences, students might say this with a downward intonation.
 - a. Highlight the exclamation point and drill upward intonation.
- Students may say so relief because of L1 interference.
 - a. I could note the noun phrase structure
 (What + a + noun)
 and type some other
 examples (What a mess! What a surprise!) on my slide
 to briefly practice.