Education Transformation Office
Miami-Dade County Public Schools

2013-2014

Lesson Study Form

School: _____

Subject: _____ Grade:_____

Lesson Focus: _____

Date(s) of Planning:_____

Date(s) of Observation:_____

Date(s) of Debriefing:_____

Administrator's Name:_____

Administrator's Signature:_____

Lesson Study Members:

Facilitator's name:_____

Facilitator's signature: _____

Name	Signature