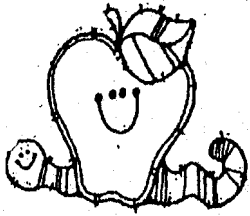


Observation Sheet



Date _____ Time _____

Week of Student Teaching: 1 2 3 4 5 6 7 8 9 10 11 12 13 14

Lesson _____

As I watched this lesson, I thought you might like to know...

Here is something you may want to think about...

