Lesson Study Meeting Log

Date:	Time in:	Time Out:	_
Location of the Meeting:			
Facilitator:			
Recorder:			
Contributing Members: (Please sign for attendance/credit purposes)			
1	4		
2	5		
3	6		
Purpose of Meeting:			
Meeting Outcomes:			
Date of Next Meeting:			
To do before next meeting:			
To do before next meeting.			
ACTIVITY	WHO	WHEN	

Please make a copy of this page for each team member. Turn in one copy to the principal.