**Individual Student: Observation Check-In**

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| **Name:** | **Date:** |
| **Mathematics Focus of the Lesson:** | |
| **Elements of the Lesson (Early, Mid, End)** | **Productively Engaged** |
| **Early:** | Yes No |
| **Mid-Lesson:** | Yes No |
| **End of the Lesson:** | Yes No |
| **Need for an interview?** | Yes No |
| **Comments:** | |

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