**Unit Name – Day number**

|  |  |  |
| --- | --- | --- |
| **Course:** Click here to enter text. | **Topic:** Click here to enter text. | **Instructor:** Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Enduring Understanding:**  SWUT Click here to enter text. | | |
| **Learning Target(s):** Click here to enter text. | | **Date(s):** |
| **Materials:**   * Item Quantity:Number * Item Quantity:Number * Item Quantity:Number | * Item Quantity:Number * Item Quantity:Number * Item Quantity:Number * Item Quantity:Number | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Workshop Model – Warm-up/Opening:**   1. Click here to enter text. | | **Time**  min |  | **Teacher Notes:**  Click here to enter text. |
| **Workshop Model - Mini-Lesson with Modeling**  *Lesson from Learning Schedule (“I do)*   1. Click here to enter text. | | **Time**  min |
| **Workshop Model – Student Work Period**  *Guided Practice (“We do) and Independent Practice (“You do”)*   1. Click here to enter text. | | **Time**  min |
| **Workshop Model – Closing**  *Classroom Debrief for Student Work Time Focused on the LT*   1. Click here to enter text. | | **Time**  min |
| **Assessment**  Click here to enter text. | **Homework**  Click here to enter text. | **Vocabulary for active Word Wall (if used):**  Click here to enter text. | | |