

Date \_\_\_\_\_  
 City / State \_\_\_\_\_

| Today's Date                                                                                                                                                                                                                                              | Matters To Take                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Initial _____                                                                                                                                                                                                                                             | AM _____ PM _____                                                      |
| _____                                                                                                                                                                                                                                                     | How <input type="checkbox"/> _____ <input type="checkbox"/> _____      |
| _____                                                                                                                                                                                                                                                     | How <input type="checkbox"/> _____ <input type="checkbox"/> _____      |
| _____                                                                                                                                                                                                                                                     | Together <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| _____                                                                                                                                                                                                                                                     | Method                                                                 |
| _____                                                                                                                                                                                                                                                     | Activity _____                                                         |
| _____                                                                                                                                                                                                                                                     | Technology _____                                                       |
| _____                                                                                                                                                                                                                                                     | Calendar Based _____                                                   |
| _____                                                                                                                                                                                                                                                     | Other Info _____                                                       |
| _____                                                                                                                                                                                                                                                     | Teacher's Plans                                                        |
| _____                                                                                                                                                                                                                                                     | Initial _____                                                          |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| Notes                                                                                                                                                                                                                                                     | _____                                                                  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____                                                                  |

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| Initial _____                                                                                                                                                                                                                                             | AM _____ PM _____                                                      |
| _____                                                                                                                                                                                                                                                     | How <input type="checkbox"/> _____ <input type="checkbox"/> _____      |
| _____                                                                                                                                                                                                                                                     | How <input type="checkbox"/> _____ <input type="checkbox"/> _____      |
| _____                                                                                                                                                                                                                                                     | Together <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
| _____                                                                                                                                                                                                                                                     | Method                                                                 |
| _____                                                                                                                                                                                                                                                     | Activity _____                                                         |
| _____                                                                                                                                                                                                                                                     | Technology _____                                                       |
| _____                                                                                                                                                                                                                                                     | Calendar Based _____                                                   |
| _____                                                                                                                                                                                                                                                     | Other Info _____                                                       |
| _____                                                                                                                                                                                                                                                     | Teacher's Plans                                                        |
| _____                                                                                                                                                                                                                                                     | Initial _____                                                          |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| _____                                                                                                                                                                                                                                                     | _____                                                                  |
| Notes                                                                                                                                                                                                                                                     | _____                                                                  |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____                                                                  |

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