

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"/> _____
_____	<b>Method</b>
_____	Ability _____
_____	Technology _____
_____	College Bound _____
_____	Other Info _____
_____	<b>Teacher's Plans</b>
_____	Initial _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Notes</b>	_____
<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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