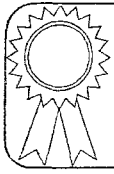
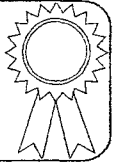


Name: \_\_\_\_\_



GOAL(S) FOR THIS SEMESTER:



Please use this sheet every class. Tell me something you learned today.

Ask me any questions you have.

Date: \_\_\_\_\_

Blank writing area for the first entry, with a small drawing of a hand pointing to the right in the bottom right corner.

Date: \_\_\_\_\_

Blank writing area for the second entry, with a small drawing of a hand pointing to the right in the bottom right corner.

Date: \_\_\_\_\_

Blank writing area for the third entry, with a small drawing of a hand pointing to the right in the bottom right corner.

Date: \_\_\_\_\_

Blank writing area for the fourth entry, with a small drawing of a hand pointing to the right in the bottom right corner.

Date: \_\_\_\_\_

Blank writing area for the fifth entry, with a small drawing of a hand pointing to the right in the bottom right corner.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

[Large empty rectangular box for writing]



Date: \_\_\_\_\_

[Large empty rectangular box for writing]



Date: \_\_\_\_\_

[Large empty rectangular box for writing]



Date: \_\_\_\_\_

[Large empty rectangular box for writing]



Date: \_\_\_\_\_

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Date: \_\_\_\_\_

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