

Name: _____

| | Mon | Tues | Wed | Thurs | Fri |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Week of: | | | | | |
| I completed my class work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I completed my test on time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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