

Name: .....

Day: 

Monday	Tuesday	Wednesday	Thursday	Friday
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Date: 

	January	February	March	April	May	June	
	July	August	September	October	November	December	

I am learning about: .....

**Creative Space**

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**Did you check**

- Capital letters (A B C)
- Write on the line
- Finger spaces
- Punctuation

**Teacher Feedback**

I like that you .....

Even better if .....

1	Working towards mastery	2	Working at mastery	3	Working with greater depth
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**Self Assessment**

I can do this!

I am trying.

I need help.