

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

.....

.....

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.