Name: .....

Day:

Monday	Tuesday	Wednesday	Thursday	Friday

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

Self Assessment

- I can do this!
- I am trying.
- I need help.