

FRIDAY SHEET

Name: _____ **ID#:** _____

CLASS	Has materials, prepared for class.	Turned in homework assignments.	Completed in class work & participated appropriately.	Stayed on task/paid attention.	Comments?	TEACHER'S Signature/ Initials
English	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never		
Math	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never		
Social Science	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never		
Science	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never		
PE/ROTC	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never		
_____	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Seldom <input type="checkbox"/> Never		
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