

Name: _____

Progress Shown			
O Outstanding	S Satisfactory	I Improving	N Needs Improvement

Date	Title	Observations	Where to Next...	Progress	Engagement
					<input type="checkbox"/> Writes the whole time <input type="checkbox"/> Stays in writing spot <input type="checkbox"/> Focuses on writing, not drawing
					<input type="checkbox"/> Writes the whole time <input type="checkbox"/> Stays in writing spot <input type="checkbox"/> Focuses on writing, not drawing
					<input type="checkbox"/> Writes the whole time <input type="checkbox"/> Stays in writing spot <input type="checkbox"/> Focuses on writing, not drawing
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