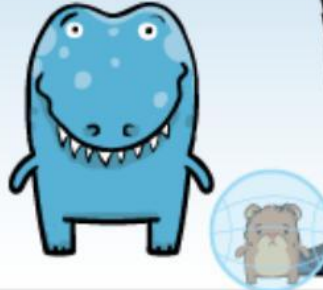


NAME: \_\_\_\_\_



WEEK OF: \_\_\_\_\_  
(today's date)

**MATH**     **READING**

Check one

***Lessons Attempted:***

**Passed?**

**Failed?**

Lesson Title: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Purple <input type="checkbox"/>		Score		Score

Lesson Title: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Purple <input type="checkbox"/>		Score		Score

Lesson Title: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Purple <input type="checkbox"/>		Score		Score

Lesson Title: _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
Red <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Purple <input type="checkbox"/>		Score		Score

Notes:

<b>Overall Pass Rate:</b>	<input type="text"/>	%	Lessons Attempted	Lessons Passed	<i>Last Week's Time on Task:</i> *
	<input type="text"/>		<input type="text"/>	<input type="text"/>	

**PARENT SIGNATURE:**

\_\_\_\_\_

## **TUTORIAL NOTES:**

Take notes during tutorial, so you can succeed on the quiz

Raise your hand if you need help during tutorials.