

Binder Check

Name: _____

Period: _____

Subject	F	M	T	W	Th	Total	Total to Check	Date: ____/____/____	Comments: _____
_____								Cornell Notes ____ /70	_____
_____								Planner ____ /10	_____
_____								TRFs/3 Col. Nts. ____ /10	_____
_____								Organization ____ /10	_____
_____								Total ____ /100	Tutor Initials: _____

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_____								Planner ____ /10	_____
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