

NAME _____ PER _____

JOURNAL CHECK –
CELLS

YES/ NO -- TABLE OF CONTENTS COMPLETE (pages,
dates)?

YES/ NO -- All pages NEAT?

YES/ NO -- All pages COMPLETE (notes, sentences,
definitions, etc)

YES/ NO -- All DRAWINGS complete?

YES/ NO -- All DRAWINGS colored?

YES/ NO -- OVERALL NEATNESS? (no doodles, torn pages, etc.

PARENT SIGNATURE

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