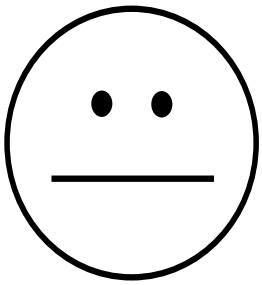
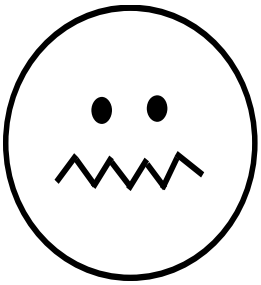
Good



Try harder



Not acceptable

Parents: Initial the Squares Daily!!!

Name: _____

Teacher / Parent Communication :	Please sign: