

Subject: _____

<input type="checkbox"/> Week 1	<input type="checkbox"/> Week 2	<input type="checkbox"/> Week 3
<input type="checkbox"/> Week 4	<input type="checkbox"/> Week 5	<input type="checkbox"/> Week 6
<input type="checkbox"/> Week 7	<input type="checkbox"/> Week 8	<input type="checkbox"/> Week 9

Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
-------	-------	-------	-------	-------	-------	-------	-------	-------

Circle D for daily grade or M for major grade.

D or M	D or M	D or M	D or M	D or M	D or M	D or M	D or M	D or M
D or M	D or M	D or M	D or M	D or M	D or M	D or M	D or M	D or M
D or M	D or M	D or M	D or M	D or M	D or M	D or M	D or M	D or M

Subject:

<input type="checkbox"/> Week 1	<input type="checkbox"/> Week 2
<input type="checkbox"/> Week 3	<input type="checkbox"/> Week 4
<input type="checkbox"/> Week 5	<input type="checkbox"/> Week 6

Date:	Date:	Date:	Date:	Date:	Date:

Circle D for daily grade or M for major grade.

D or M	D or M	D or M	D or M	D or M	D or M
D or M	D or M	D or M	D or M	D or M	D or M
D or M	D or M	D or M	D or M	D or M	D or M