

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Teacher: \_\_\_\_\_ School: \_\_\_\_\_ School Year: \_\_\_\_\_

	Scores	Month Week 1	Week 2	Week 3	Week 4
160					
150					
140					
130					
120					
110					
100					
90					
80					
70					
60					
50					
40					
30					
20					
10					
0					



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