

2.5: Binder Checks

Form 1: AVID Binder Grade Sheet

Student's Name _____

Tutor's Name _____ Date _____

Agenda/Daily Planner/Calendar	_____	<input type="checkbox"/> (30 pts. possible)
Notes (labeled with dates).....	_____	<input type="checkbox"/> (30 pts. possible)
Organization.....	_____	<input type="checkbox"/> (15 pts. possible)
Neatness	_____	<input type="checkbox"/> (15 pts. possible)
No loose papers.....	_____	<input type="checkbox"/> (5 pts. possible)
Supplies (zipper pouch)	_____	<input type="checkbox"/> (5 pts. possible)
Total	_____	

Comments

Agenda/Daily Planner/Calendar _____

Notes _____

Organization _____

Neatness _____

Loose pages _____

Supplies _____
