

Name \_\_\_\_\_ Due Date \_\_\_\_\_ Score: /10

**Practice Sheet**  
**Due Each Thursday**

Date: _____ Amount of time: _____	Content:	Student Initial: _____
Date: _____ Amount of time: _____	Content:	Student Initial: _____
Date: _____ Amount of time: _____	Content:	Student Initial: _____
Date: _____ Amount of time: _____	Content:	Student Initial: _____
Date: _____ Amount of time: _____	Content:	Student Initial: _____
Date: _____ Amount of time: _____	Content:	Student Initial: _____
<b>Total Time:</b> _____ (2 hour min) Every extra 15 minutes result in extra credit	<b>Parent Signature:</b> _____	

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