TEEN DAILY REPORT

NAME: ___________________  DAY: ___________________  DATE: / /

YES / NO X

1. BM? Health Problems?: ___________________
2. Enough water? # of glasses: ___________________
5. New Memo Work? What? ___________________
7. Wrote Diary? ___________________

9. What did you read at Quiet Time? ___________________
10. How long did you read? ___________________
11. Reaction to today's Word read: ___________________

12. Today's Word Class or Lesson: ___________________
   Reaction: ___________________