

Weekly Elective Summary Sheet
Highline CHOICE Academy
2013-2014

Week of: _____ to _____
 Advisor: _____
 Student: _____
 Elective: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Time on Task: _____	Time on Task: _____	Time on Task: _____	Time on Task: _____	Time on Task: _____

Fill this form out each school day. Clearly document the specific activities you complete (referencing SMART goals) and include *time spent on-task*.

Parent Signature: _____

Student Signature: _____