

Date	What programs did you use <b>today</b> ?	What word lists, lesson numbers, or other cool stuff did you work on?	Did you do anything <b>new, surprising, or helpful</b> ? Did anything make you <b>happy</b> or drive you <b>buggy</b> ?	How much time did you spend in the lab today?	What would you like to do <b>next time</b> ?
	<input type="checkbox"/> Spell it Deluxe <input type="checkbox"/> Ultimate Phonics <input type="checkbox"/> Type to Learn <input type="checkbox"/> Read Please <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____				
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