

Final Assessment Schedule

January 22nd through January 26th, 2024


Student Name: _____

Advisory: _____

Date	Course Name	Schedule	Type of assessment	Details from Teacher (Format/Topics/Units, etc.)	Teacher/ Student Suggestions for study/preparation
Friday January 19 th	FINAL DEADLINE FOR MAJOR SUMMATIVE ASSESSMENTS				
Monday January 22 nd	Period 1	9:00 am Arrival Time 9:15 am Start Time	<input type="checkbox"/> Paper & pencil <input type="checkbox"/> Project/Product <input type="checkbox"/> Presentation <input type="checkbox"/> Conversation <input type="checkbox"/> Observation/Task		
	Period 2	12:45 pm Arrival Time 1:00 pm Start Time	<input type="checkbox"/> Paper & pencil <input type="checkbox"/> Project/Product <input type="checkbox"/> Presentation <input type="checkbox"/> Conversation <input type="checkbox"/> Observation/Task		
Tuesday January 23 rd	Period 3	9:00 am Arrival Time 9:15 am Start Time	<input type="checkbox"/> Paper & pencil <input type="checkbox"/> Project/Product <input type="checkbox"/> Presentation <input type="checkbox"/> Conversation <input type="checkbox"/> Observation/Task		
	ELPR	1:00pm			
Wednesday January 24 th	Period 4	9:00 am Arrival Time 9:15 am Start Time	<input type="checkbox"/> Paper & pencil <input type="checkbox"/> Project/Product <input type="checkbox"/> Presentation <input type="checkbox"/> Conversation <input type="checkbox"/> Observation/Task		
Thursday January 25 th	Period 5	9:00 am Arrival Time 9:15 am Start Time	<input type="checkbox"/> Paper & pencil <input type="checkbox"/> Project/Product <input type="checkbox"/> Presentation <input type="checkbox"/> Conversation <input type="checkbox"/> Observation/Task		
Friday January 26 th	If required due to inclement weather				

Preparation/Study Time Checklist & Calendar

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|--|--|---|
| <input type="checkbox"/> Fill in Final Exam dates | <input type="checkbox"/> Take breaks & reward your hard work | <input type="checkbox"/> Test yourself / Form a study group |
| <input type="checkbox"/> Fill in Work schedule if applicable | <input type="checkbox"/> Eat well and sleep well | <input type="checkbox"/> Follow teacher suggestions |
| <input type="checkbox"/> Plan for time to organize & collect resources | <input type="checkbox"/> Have a positive attitude | <input type="checkbox"/> Space out practice times |
| <input type="checkbox"/> Plan adequate time to prepare/study | <input type="checkbox"/> I will leave my phone _____ | <input type="checkbox"/> Other: _____ |

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
December 31	January 1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Advisory Teacher Check-In

Advisor Initials: _____