

Name: \_\_\_\_\_

Period #: \_\_\_\_\_



### Penna Learning Student Note-Taking Guide

Activity Title \_\_\_\_\_

Activity Scoreboard					
when finished, circle highest score achieved					
Attempt #	1	2	3	4	5
Date					
Score					

<b>Objective:</b>

<b>Essential Question:</b>

Questions:	Notes:

<b>Summary:</b>