

Student Name:	Class:
Instructor:	Start Date:

Directions: Write your score for each part of the lesson in the box. Have your teacher check and initial each episode.

	,	for each part of the						1
Episodes	Vocabulary	Comprehension	Life Skills	Grammar	Special Skills	Final Test	Test Date	Teacher Initials
Example	80%	90%	90%	85%	80%	95%	9/4/02	
CD # 1								
Episode 1								
Episode 2								
Episode 3								
Episode 4								
CD # 2								
Episode 5								
Episode 6								
Episode 7								
Episode 8								
CD # 3								
Episode 9								
Episode 10								
Episode 11								
Episode 12								
CD # 4								
Episode 13								
Episode 14								
Episode 15								
Episode 16								
CD # 5								
Episode 17								
Episode 18								
Episode 19								
Episode 20				_				