

Thematic Checklist

Fill in the chart as you complete the center activities

Name: _____

	Date Completed	Rate The Activity 0–5 (5 is the best)
Subject:		
#1		
#2		
#3		
#4		
#5		
#6		
Subject:		
#1		
#2		
#3		
#4		
#5		
#6		
Subject:		
#1		
#2		
#3		
#4		
#5		
#6		
Subject:		
#1		
#2		
#3		
#4		
#5		
#6		