

INB Score Sheet

Grading Period: _____

Name: _____

Week #	Notebook Pages	Notebook Score	Teacher Stamps (# and highlight stamps)	WEEKLY POINT TOTAL	Peer Initials	Teacher Initials or Stamps
1		___/5	___ / ___	___ / ___		
2		___/5	___ / ___	___ / ___		
3		___/5	___ / ___	___ / ___		
4		___/5	___ / ___	___ / ___		
5		___/5	___ / ___	___ / ___		
6		___/5	___ / ___	___ / ___		
7		___/5	___ / ___	___ / ___		
8		___/5	___ / ___	___ / ___		
9		___/5	___ / ___	___ / ___		
10		___/5	___ / ___	___ / ___		

Name of Special Assignment	Score	Date Scored	Peer Initials	Teacher Initials or Stamps
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			
	___ / ___			