| How and What | YES | NO | Homework | Objective Summary |
|--------------|-----|----|----------|-------------------|
|              |     |    |          |                   |
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|              |     |    |          |                   |

Dates:

Name:

## **Four Corners**

You must write three complete sentences for each corner of the box below. Grammar conventions must be kept.

|                           | Teacher | Student |
|---------------------------|---------|---------|
| I liked                   |         |         |
| I wish it would<br>change |         |         |