

Folder Checklist

Interview completed on time	YES	NO	Date: _____	Initials: _____
Release Form on time	YES	NO	Date: _____	Initials: _____
Selected Interesting Quotes	YES	NO	Date: _____	Initials: _____
Collected Visuals	YES	NO	Date: _____	Initials: _____
Completed Storyboard	YES	NO	Date: _____	Initials: _____
Peer Edit of Project	YES	NO	Date: _____	Initials: _____
Final Edit of Project	YES	NO	Date: _____	Initials: _____

Daily Work

Day 1

Goals:

1. _____

Completed YES NO Initials _____

2. _____

Completed YES NO Initials _____

3. _____

Completed YES NO Initials _____



Day 2

Goals:

1. _____

Completed YES NO Initials _____

2. _____

Completed YES NO Initials _____

3. _____

Completed YES NO Initials _____



Day 3

Goals:

1. _____
Completed YES NO Initials_____

2. _____
Completed YES NO Initials_____

3. _____
Completed YES NO Initials_____

Day 4

Goals:

1. _____
Completed YES NO Initials_____

2. _____
Completed YES NO Initials_____

3. _____
Completed YES NO Initials_____

Day 5

Goals:

1. _____
Completed YES NO Initials_____

2. _____
Completed YES NO Initials_____

3. _____
Completed YES NO Initials_____

Day 6

Goals:

1. _____
Completed YES NO Initials_____

2. _____
Completed YES NO Initials_____

3. _____
Completed YES NO Initials_____



Day 7

Goals:

1. _____
Completed YES NO Initials_____

2. _____
Completed YES NO Initials_____

3. _____
Completed YES NO Initials_____

