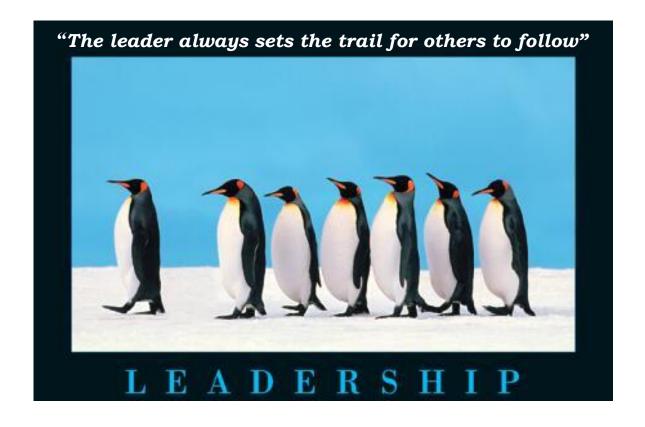
## LEADERSHIP ACTIVITY CHECK-OFF FORM



NAME:	
DATE:	PERIOD:
ACTIVITY NUMBER (See reverse side):	
DETAILS OF ACT	IVITY:
THIS IS MY: 1º	TO 2ND 3RD 4TH 5TH 6TH ACTIVITY.  (PLEASE CIRCLE ONE)
DRESS-UP DATE: (IF )	S: REQUIRED – Substitute teachers can also sign off on these
	APPROPRIATE SIGNATURE (IF REQUIRED)