

Name: _____ Community: _____ Date: _____
Binder Organization Checklist for Cycle: _____ Theme: _____

Front Section (Before Tabs)	
<input type="checkbox"/> Cycle Cover Sheet: <input type="checkbox"/> This Binder Organization Checklist <input type="checkbox"/> Vocabulary List for Present Unit <input type="checkbox"/> Grading Policy	<input type="checkbox"/> Instructions for Test Corrections <input type="checkbox"/> Example Heading Work <input type="checkbox"/> Any other papers assigned to this section <input type="checkbox"/> Mastery Checklist
Section 1: Unit 0 and 1	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 2: Unit 2	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 3: Unit 3	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 4: Unit 4	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 5: Unit 5	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 6: Unit 6	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 7: Unit 7	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Section 8: Unit 8	
<input type="checkbox"/> Unit Checklist <input type="checkbox"/> My name and the date are on each paper <input type="checkbox"/> All papers are in checklist order	
Other	
<input type="checkbox"/> No loose papers and no papers in the side pouches <input type="checkbox"/> Any torn papers have been reinforced	

My binder is complete and organized for the Cycle:

Student Signature: _____

Date: _____

Teacher Signature: _____

Date: _____