At Home Try-It Sheet

This sheet is for completing Try-It's at home. Please check with me to see if we already plan to do this Try-It before starting. Feel free to ask to see my Try-It book for requirements. She must complete 4 activities for each Try-It. Print a separate sheet out for each Try-It. Please have your daughter write what she did to complete it. Also bring in anything she may have done, and she may be asked about what she did during a meeting. Make sure to let your daughter Try the activity with minimal help unless necessary!

1.	DATE:	ACTIVITY:	
	Please write what you did to complete this activity:		
2.		ACTIVITY:	
	Please write what you did to complete this activity:		
3.	DATE:	ACTIVITY:	
	Please write what you did to complete this activity:		
4.	DATE:	ACTIVITY:	
	Please write what you did to complete this activity:		
5.	DATE:	ACTIVITY:	
	Please write what you did to complete this activity:		
6.	DATE:	ACTIVITY:	
	Please write what you did to complete this activity:		
This c	ertifies that		
has co	ompleted at least	four of the requirements of the TRY-IT tasks listed above.	
PARE	ENT'S SIGNAT	URE:	
FOR	LEADERS USE	:	
DA	ATE RECEIVED):	
DA	ATE PATCH AV	VARDED:	