

NUMBER: _____

NAME: _____

DATE: _____

SLEs: 1a-5e

MISSION CHECKLIST

Please have the following prepared in this order on **WEDNESDAY, January 30th** at the start of class (8 a.m.)

- (this) Checklist
- Rubric (correct heading for full credit)
- Mission packet (stamps to show completion throughout)
- Mission Report (typed)
- Mission visual/project

Breakdown of Grading of Mission:

| Items | Points | Earned |
|---|------------|--------|
| Project turned in on-time | 10 | |
| Rubric (correct heading) | 5 | |
| Report typed (all parts addressed) | 25 | |
| Report packet (with stamps) | 20 | |
| Mission Project (visual) | 25 | |
| Presentation (spoke clearly, read report, showed visual) | 15 | |
| TOTAL: | 100 | |

Additional Comments: