

Grade 12

(High School Kit IV)

Unit Lesson Logs

School Name _____

Teacher Name _____

Classroom # _____



Positive Action™
Positive Change Takes Positive Action

Unit 1 Lesson Log

Philosophy and Thoughts-Actions-Feelings Circle

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
Session 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
Session 2*	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

* Option 2 only.

Unit 2 Lesson Log

Your Body and Mind

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 3 Lesson Log

Managing Yourself

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 4 Lesson Log

Treating Others the Way You Like to Be Treated

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 5 Lesson Log

Telling Yourself the Truth

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 6 Lesson Log

Improving Yourself Continually

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed

Unit 7 Lesson Log

Review of the Positive Actions to Feel Good About Yourself

Teacher Name _____ Classroom # _____

Lesson #	Date	Time	Lesson Adaptation
1, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
1, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
2, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
3, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
4, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
5, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 1	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 2	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
6, Step 3	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
End of Unit Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed
Celebration Session	_____	_____ min.	<input type="checkbox"/> None <input type="checkbox"/> A Little <input type="checkbox"/> A Lot <input type="checkbox"/> Completely Changed