## **Group Accountability Record**

our Name:						
Group Members:			Contact Infor	Contact Information:		
1						
2					<del></del>	
					<del></del>	
	esponsibilities and Accomplishme					
Date and	Responsibilities to complete	Responsibilities to	Reflection of Work	Group	Mr.	
Day of	for Presentation in Class	complete for	Completed and Not	Member	Cooper's	
Project		Presentation at home	Completed	Signatures	initials	