

Group Accountability Record

Your Name: _____

Group Members:

Contact Information:

1. _____
2. _____
3. _____
4. _____

Record of Responsibilities and Accomplishments:

Date and Day of Project	Responsibilities to complete for Presentation in Class	Responsibilities to complete for Presentation at home	Reflection of Work Completed and Not Completed	Group Member Signatures	Mr. Cooper's initials
Dec 3/4					
Dec 5/6					
Dec 9/10					
Dec 11/12					