Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
|  | Topic: | | |
| Essential Question: | | |
| MAIN IDEA / CLAIM | | EVIDENCE | JUSTIFICATION |
|  | |  |  |
| SUMMARY | | | |
|  | | | |