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

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