

Student Binder Check

Name of Student _____

Name of Checker _____

Week of _____

- ~Does the student have all subject dividers? Yes / No (3)
- ~Does the student have all dividers labeled? Yes / No (3)
- ~Are the side pockets/folders clear of unnecessary papers? (Projects are OK) Yes / No (3)
- ~Does the student have a clean backpack free of loose school papers? Yes / No (3)
- ~Are the papers in the binders organized? Yes / No (5)
- ~Does the binder pass the "shake" test? Yes / No (3)

Total Up Score for all "Yes" Answers ___ / 20

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