



★ STUDENT NOTEBOOK ★

SECOND EDITION
UNIT
1

Paths of Settlement
Student Notebook

by Debbie Strayer and Linda Fowler

Unit 1: Growing Pains
Raccoon
5th Grade

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Second Edition 2017

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Published by Geography Matters®
800-426-4650
www.geomatters.com

Instructions

These Student Notebook pages are designed to be used with *Paths of Settlement*, a complete elementary curriculum for grades 4 through 6. Each page is designed specifically to correspond to assignments given in the curriculum. Use the lesson, part, and subject noted at the bottom of each page to match notebook pages with assignments.

Date: _____

Lesson 1, Part 2

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____



Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 1, Part 3

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____



Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 1, Part 4

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____



Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 1, Part 5

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____



Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 2, Part 1

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |



Date: _____

Lesson 2, Part 2

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |



Date: _____

Lesson 2, Part 3

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |



Date: _____

Lesson 2, Part 4

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up
- down
- center

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |



Date: _____

Lesson 2, Part 5

Morning Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Clouds: (check all that apply)

- white gray black calm
- moving slowly moving quickly

Evening Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Date: _____

Lesson 3, Part 1

Morning Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Clouds: (check all that apply)

- white gray black calm
- moving slowly moving quickly

Evening Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Date: _____

Lesson 3, Part 2

Morning Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Wind Speed: (count for 30 seconds) _____

Clouds: (check all that apply)

- white gray black calm
- moving slowly moving quickly

Evening Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Date: _____

Lesson 3, Part 3

Morning Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Wind Speed: (count for 30 seconds) _____

Clouds: (check all that apply)

- white gray black calm
- moving slowly moving quickly

Evening Observation: (check all that apply)

- sunny cloudy rainy snowy
- stormy icy windy calm
- clear hot warm cool
- cold freezing other: _____

Date: _____

Lesson 3, Part 4

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 3, Part 5

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 4, Part 1

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 4, Part 2

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 4, Part 3

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | | <input type="checkbox"/> moving quickly | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 4, Part 4

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | | <input type="checkbox"/> moving quickly | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 4, Part 5

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | | <input type="checkbox"/> moving quickly | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 5, Part 1

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

- Air pressure:** (check one)
- up from last reading
 - down from last reading
 - same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|-------------------------------|---|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | | <input type="checkbox"/> moving quickly | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 5, Part 2

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 5, Part 3

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 5, Part 4

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____

Lesson 5, Part 5

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
- down from last reading
- same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Date: _____ Lesson 6, Part 1

Morning Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Temperature: _____

Amount of rain: _____

Air pressure: (check one)

- up from last reading
 down from last reading
 same as last reading



Wind Speed: (count for 30 seconds) _____

Wind direction: _____

Clouds: (check all that apply)

- | | | | |
|--|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> white | <input type="checkbox"/> gray | <input type="checkbox"/> black | <input type="checkbox"/> calm |
| <input type="checkbox"/> moving slowly | <input type="checkbox"/> moving quickly | | |

Evening Observation: (check all that apply)

- | | | | |
|---------------------------------|-----------------------------------|---------------------------------------|--------------------------------|
| <input type="checkbox"/> sunny | <input type="checkbox"/> cloudy | <input type="checkbox"/> rainy | <input type="checkbox"/> snowy |
| <input type="checkbox"/> stormy | <input type="checkbox"/> icy | <input type="checkbox"/> windy | <input type="checkbox"/> calm |
| <input type="checkbox"/> clear | <input type="checkbox"/> hot | <input type="checkbox"/> warm | <input type="checkbox"/> cool |
| <input type="checkbox"/> cold | <input type="checkbox"/> freezing | <input type="checkbox"/> other: _____ | |

Copywork or Dictation

Ambush in the Wilderness: page 2, paragraph 1

- I read the Steps for Thinking with my teacher.
- I completed all my reading assignments.
- I participated in the discussion activity.
- I completed the watercolor activities.

Spelling

town

spout

down

loud

(Be sure to cover the Word Slips below before you practice!)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	— — — — —	+	— — — — —	+	— — — — —	
	louder		howl		house	
+	— — — — —	+	— — — — —	+	— — — — —	+
	mountain		ground		count	
+	— — — — —	+	— — — — —	+	— — — — —	+
	brown		around		bounce	
+	— — — — —	+	— — — — —	+	— — — — —	+
	pound		scowl		gunpowder	
+	— — — — —	+	— — — — —	+	— — — — —	+
+	— — — — —	+	— — — — —	+	— — — — —	+
+	— — — — —	+	— — — — —	+	— — — — —	+

Types of Settlers

Explorers

Settlers

Entrepreneurs

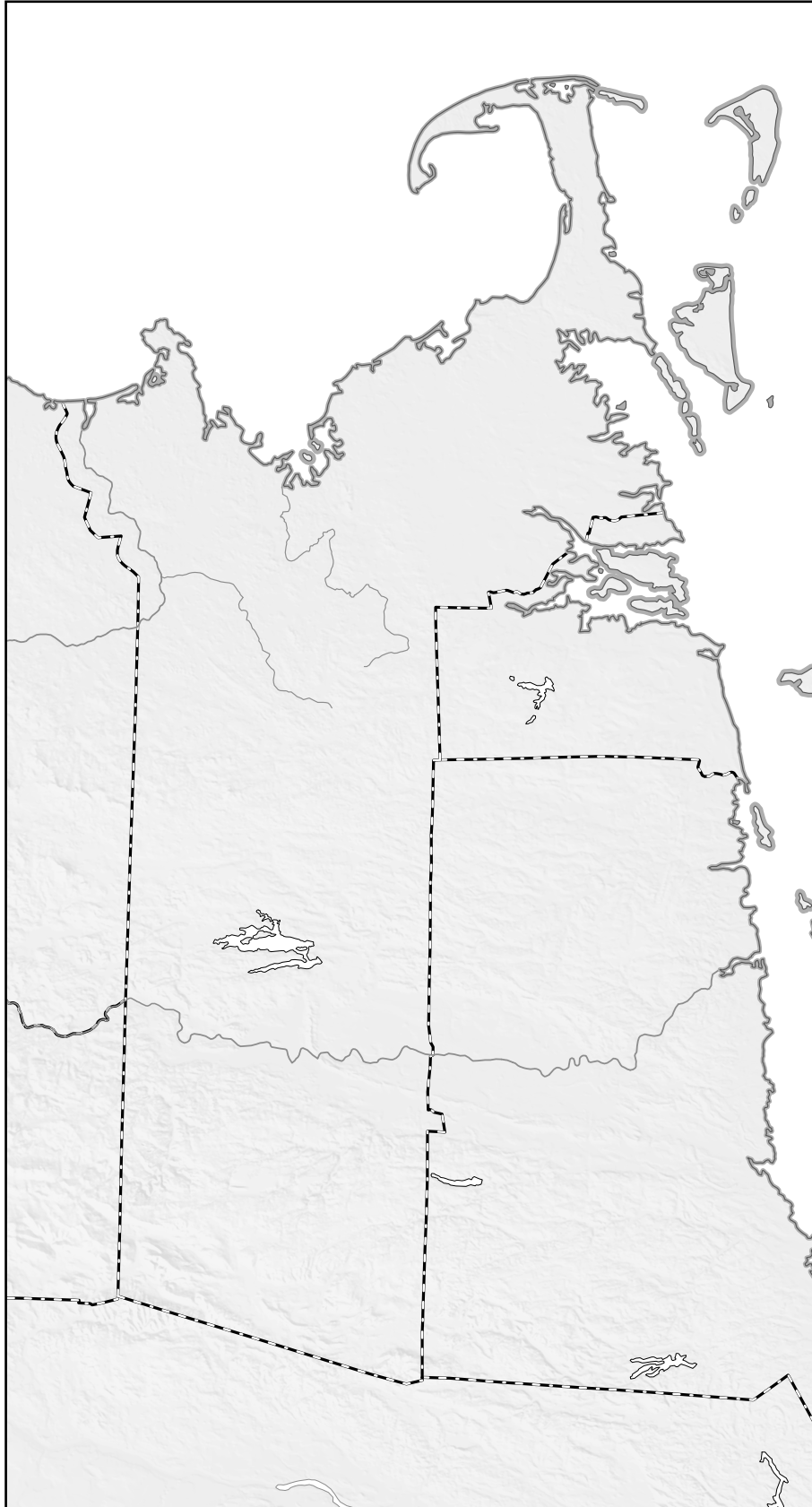
Soldiers

The group I would fit into:

Because, _____

When facing a challenge in the New World, my group might:

Massachusetts



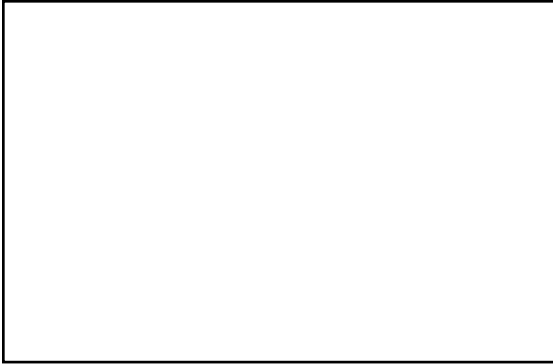
Label:

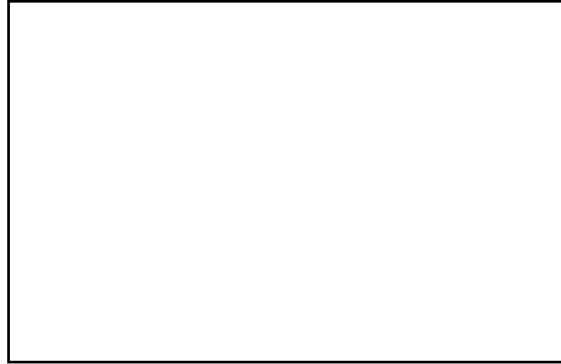
- Boston with a red star
- Atlantic Ocean, Boston Bay, and Massachusetts Bay
- Charles, Concord, Merrimack, and Connecticut Rivers
- Berkshire Hills
- Plymouth with a dot
- Quabbin Reservoir
- Cape Cod, Cape Cod Bay, Buzzards Bay, and Nantucket Sound
- five states that border Massachusetts

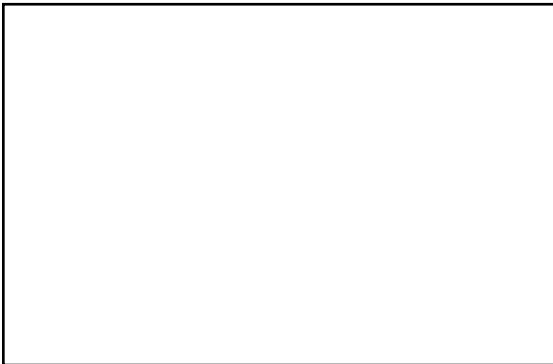
Steps for Thinking

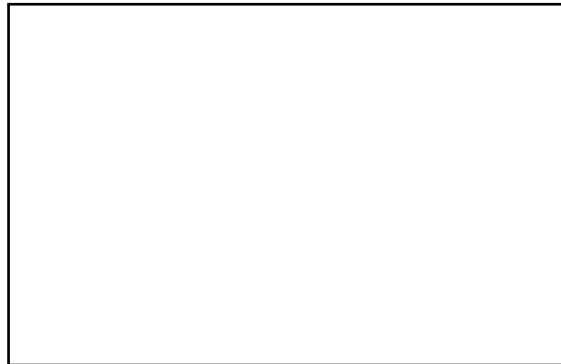
People want to be _____ to do what they
think is _____.

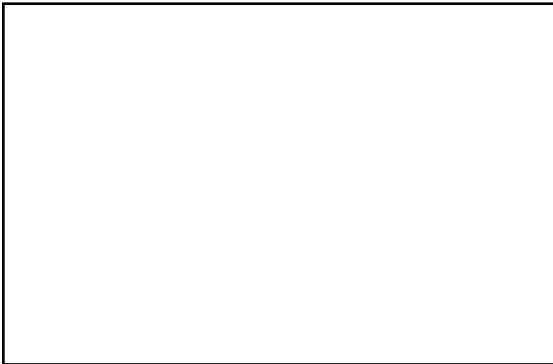
Spelling Picture Clues

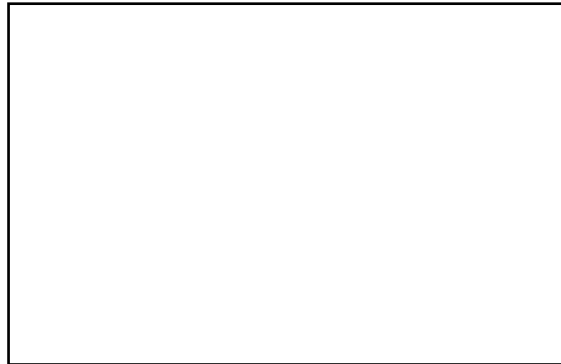










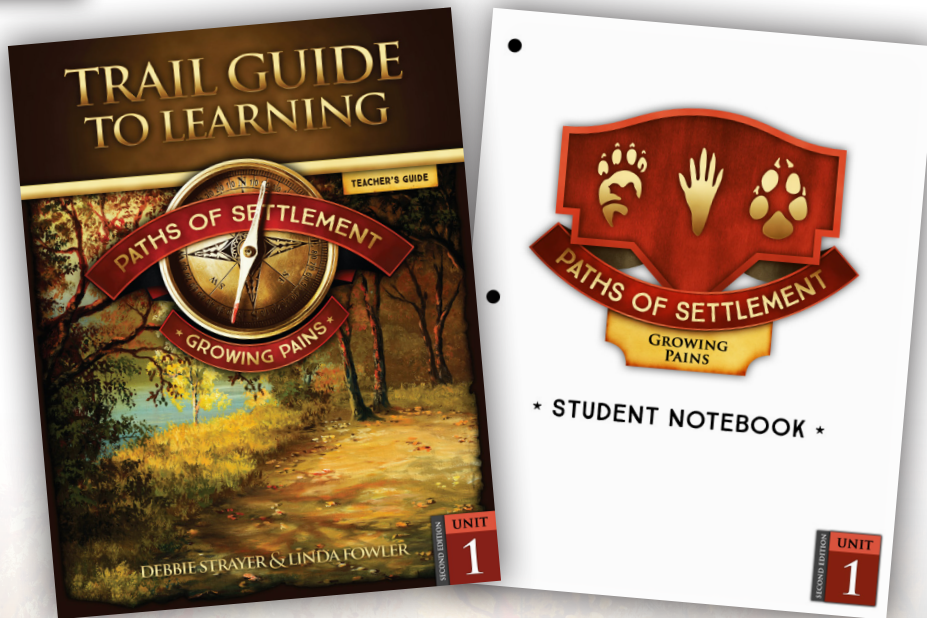


5TH

GRADE

GROWING PAINS

★ UNIT 1: GROWING PAINS ★



These Student Notebook pages are used with **Growing Pains**, the first unit in *Paths of Settlement*.