



★ STUDENT NOTEBOOK ★

SECOND EDITION

UNIT

1

*Paths of Settlement*  
Student Notebook

by Debbie Strayer and Linda Fowler

**Unit 1: Growing Pains**  
**Fox**  
**6th Grade**

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## **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: _____ |                                |



**weather  
watcher**

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: _____ |                                |



**weather  
watcher**

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: _____ |                                |



**weather  
watcher**

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: _____ |                                |



**weather  
watcher**

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

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- 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!)*

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
|   | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — |   |   |   |   |   |   |   |  |
|   |   | l | o | u | d | e | r |   |   | h | o | w |   |   | h | o | u | s | e |   |   |   |   |   |  |
| + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | + |   |  |
|   |   | m | o | u | n | t | a | i | n |   |   | g | r | o | u | n | d |   |   | c | o | u | n | t |  |
| + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | + |   |  |
|   |   | b | r | o | w | n |   |   | a | r | o | u | n | d |   |   | b | o | u | n | c | e |   |   |  |
| + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | + |   |  |
|   |   | p | o | u | n | d |   |   | s | c | o | w |   |   | g | u | n | p | o | w | d | e | r |   |  |
| + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | + |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | + |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | — | + | — | — | — | — | + |   |  |





## Types of Settlers

Explorers

Settlers

Entrepreneurs

Soldiers

The group I would fit into:

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Because, \_\_\_\_\_

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

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# Massachusetts



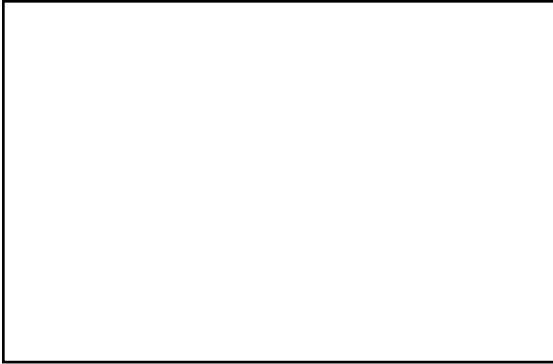
Label:

- 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

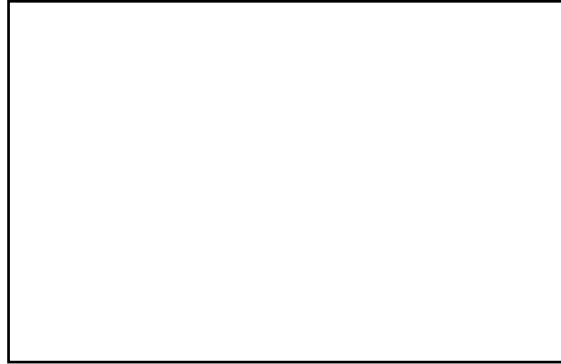
## Steps for Thinking

People want to be \_\_\_\_\_ to do what they  
think is \_\_\_\_\_.

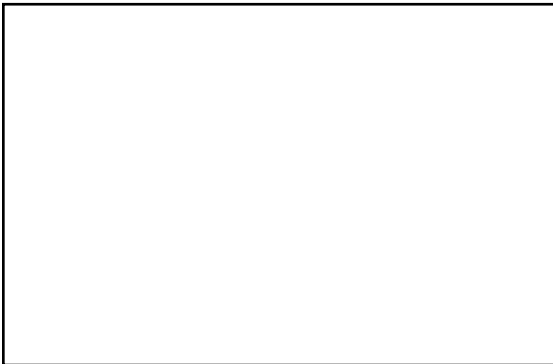
### Spelling Picture Clues



\_\_\_\_\_



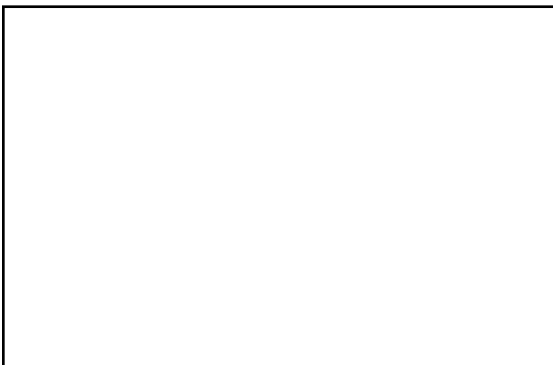
\_\_\_\_\_



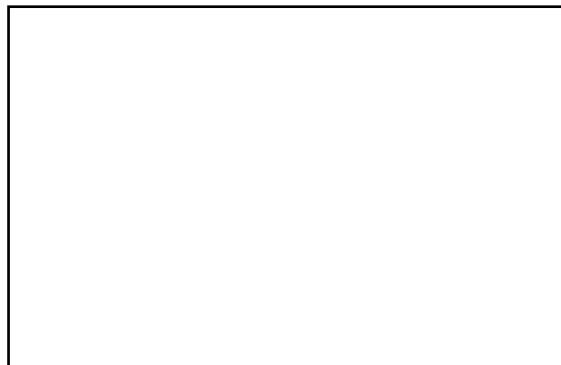
\_\_\_\_\_



\_\_\_\_\_



\_\_\_\_\_



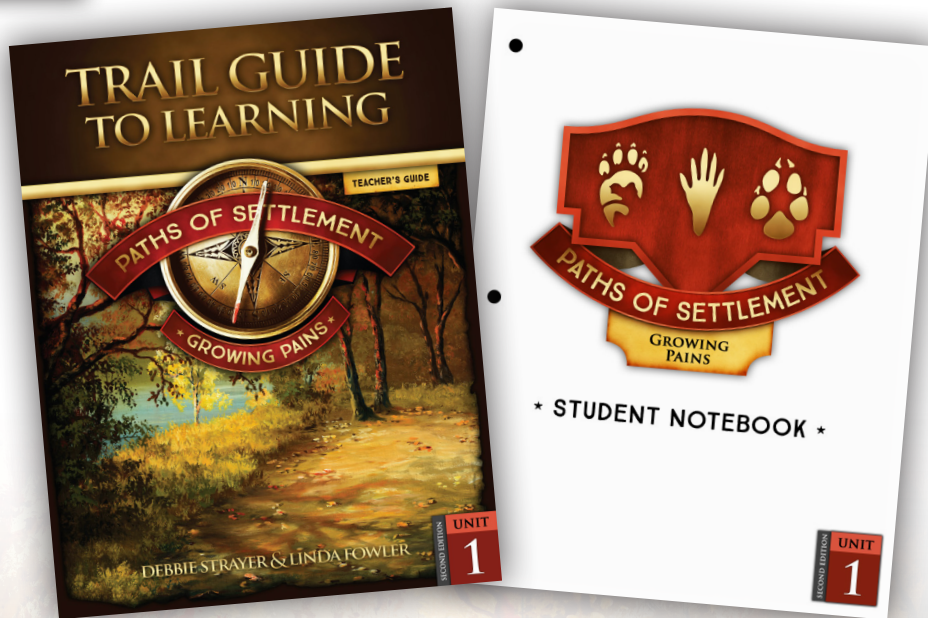
\_\_\_\_\_

6TH

GRADE

GROWING PAINS

★ UNIT 1: GROWING PAINS ★



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