NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PERIOD\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE TAKING FORM**

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| **Topic:**  **Main Idea – Questions**  **Vocabulary Terms:** | **Essential Question.**  **Notes:** |
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| Summary: What have I learned to answer the Essential Question? |
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