

# TIER 3 LESSON LOG



CROSSROADS

T3LOG

Please attach your student's enrollment form to this log.

Student Name: \_\_\_\_\_  
LAST FIRST

Student ID: \_\_\_\_\_

Address: \_\_\_\_\_  
INSTITUTION HOUSING

STREET ADDRESS

CITY STATE ZIP

New Address #1: \_\_\_\_\_

New Address #2: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Remember your student's birthday by sending a card with Crossroads's return address.)*

Earliest Release Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*(Encourage your students to continue their lessons after they are released.)*

## BIBLICAL INTERPRETATION

Reported Score	Date Rec'd	Lesson #	# of Errors	Comments:
<input type="checkbox"/>		1		
<input type="checkbox"/>		2		
<input type="checkbox"/>		3		
<input type="checkbox"/>		4		
<input type="checkbox"/>		5		
<input type="checkbox"/>		6		
<input type="checkbox"/>		7		
<input type="checkbox"/>		8		
<input type="checkbox"/>		9		
<input type="checkbox"/>		10		
<input type="checkbox"/>		11		
<input type="checkbox"/>		12		

**BIBLICAL TRUTHS IN DEPTH**

Reported Score	Date Rec'd	Lesson #	# of Errors	Comments:
<input type="checkbox"/>		1		
<input type="checkbox"/>		2		
<input type="checkbox"/>		3		
<input type="checkbox"/>		4		
<input type="checkbox"/>		5		
<input type="checkbox"/>		6		
<input type="checkbox"/>		7		
<input type="checkbox"/>		8		
<input type="checkbox"/>		9		
<input type="checkbox"/>		10		

**CHRISTIAN WORLDVIEW I**

Reported Score	Date Rec'd	Lesson #	# of Errors	Comments:
<input type="checkbox"/>		1		
<input type="checkbox"/>		2		
<input type="checkbox"/>		3		
<input type="checkbox"/>		4		
<input type="checkbox"/>		5		
<input type="checkbox"/>		6		
<input type="checkbox"/>		7		
<input type="checkbox"/>		8		
<input type="checkbox"/>		9		
<input type="checkbox"/>		10		
<input type="checkbox"/>		11		
<input type="checkbox"/>		12		
<input type="checkbox"/>		13		

**CHRISTIAN WORLDVIEW II**

Reported Score	Date Rec'd	Lesson #	# of Errors	Comments:
<input type="checkbox"/>		1		
<input type="checkbox"/>		2		
<input type="checkbox"/>		3		
<input type="checkbox"/>		4		
<input type="checkbox"/>		5		
<input type="checkbox"/>		6		
<input type="checkbox"/>		7		
<input type="checkbox"/>		8		
<input type="checkbox"/>		9		
<input type="checkbox"/>		10		
<input type="checkbox"/>		11		
<input type="checkbox"/>		12		
<input type="checkbox"/>		13		