

NAME: _____

Hour: _____

EVERNOTE NOTE CARDS – Pro/Con Paper

NOTEBOOK Proper Title - Shared with Teacher	4	
CARD #1 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
CARD #2 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
CARD #3 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	

CARD #4 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
CARD #5 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
CARD #6 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	

CARD #7 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
CARD #8 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
CARD #9 <input type="checkbox"/> Tags - 2 <input type="checkbox"/> Title - 1 <input type="checkbox"/> Claim - 3 <input type="checkbox"/> Intro & Quote - 4 <input type="checkbox"/> Parenthetical - 3 <input type="checkbox"/> Commentary - 3 <input type="checkbox"/> Citation - 3	19	
TOTAL	175	