Smart Cool Week Report

10 marks for participating and submitting the report & 15 marks based on projects. Total 25 marks

Chose a week (7 consecutive days) as 'Smart-Cool Week'. The purpose of 'Smart-Cool Week' is to focus on creativity, productivity and learning. Another aim is to have control over TV/Video game usage and use your computer skills smartly. We want you to be more involved in Islamic activities in those days. So plan ahead. FILL UP THE SMART-COOL WEEK REPORT AND SUBMIT IT BY OCTOBER 7TH.

Week starts from _____ to _____

Name _____ Registration # _____

Day 1	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____
Day 2	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____
Day 3	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____
Day 4	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____
Day 5	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____
Day 6	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____
Day 7	☐ I did not watch TV ☐ I did not play computer/video games ☐ I, *(Other activity)* _____

How was your smart-cool week?

☐ boring ☐ so-so ☐ not bad ☐ good ☐ exciting

ONLINE SUBMISSION OF ISLAMIC PROJECTS

Prepare some Islamic Projects during smart-cool week which you can submit online. For example you can use Microsoft paint to make a digital art work, scan your hand drawing or painting or write an article, song or poem(visit www.MuslimVille.com for more ideas). E-mail your project with your Registration Number to mail@muslimville.com.

Did you submit your project online? Yes/No

Date of submission _____

If no, you can take picture(s) of your project and send online by scanning the picture or Mail to 'MuslimVille', 789 Crawford St, Toronto, ON M6G 3K4 before October 7th 2008

Name of participant _____

Grade _____ Registration # _____

_____ _____

Signature of Parent/Teacher / Guardian Date

Phone/E-mail of Guardian _____

Signature, phone and or E-mail of parents/ Guardian/ teacher is a mandatory for this report