

Date \_\_\_\_\_ Subject \_\_\_\_\_

Name \_\_\_\_\_

## Consulting Various Media

Gathering information from  
a variety of sources

### Questions ▶

Search for information related to your questions. ▼

Date Viewed	Information Source Title	Useful information	Type of information
			<input type="checkbox"/> Essential Information <input type="checkbox"/> Secondary Information
			<input type="checkbox"/> Essential Information <input type="checkbox"/> Secondary Information
			<input type="checkbox"/> Essential Information <input type="checkbox"/> Secondary Information
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