NAME:	CLASS/BLOCK:	DATE:	
List some items you or your friends: If you can, list items in each of the Mark each of your items as a NEED	categories below.		N E E D
3. Mark the priority of each item: 1 (E	ssential), 2 (Important) c	or 3 (Not Essential or I	mportant)
	cost	NEED OR WANT	PRIORITY 1, 2 or 3
FOOD			
CLOTHING			
ENTERTAINMENT			
ENTEKTAINMENT			
TRANSPORTATION			
BOOKS AND SCHOOL ITEMS			
OTHER			