

WEEKLY LEARNING ACTIVITIES

NAME _____ DATES _____

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
READING					
MINUTES					
WRITING					
MINUTES					
VOCABULARY					
SPELLING					
MINUTES					
MATH					
MINUTES					
SCIENCE					
MINUTES					
HISTORY					
MINUTES					
PE/HEALTH					
MINUTES					
TOTALS					X

Signature of Teacher _____

Signature of Parent _____

MINUTES					
MINUTES					
MINUTES					
MINUTES					
MINUTES					
MINUTES					
TOTAL MINUTES _____					
					X

Signature of Teacher _____

Signature of Parent _____