

Student: \_\_\_\_\_ Week # \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

Class	Monday	Tuesday	Wednesday	Thursday	Friday
Bible	<input type="checkbox"/> With Mom	<input type="checkbox"/> With Mom	<input type="checkbox"/> With Mom	<input type="checkbox"/> With Mom	<input type="checkbox"/> With Mom
Church History	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Discuss with Mom
Spelling	<input type="checkbox"/> 5 min with Mom	<input type="checkbox"/> 5 min with Mom	<input type="checkbox"/> 5 min with Mom	<input type="checkbox"/> 5 min with Mom	<input type="checkbox"/> 5 min with Mom
Vocabulary	<input type="checkbox"/> Create cards for week <input type="checkbox"/> _____	<input type="checkbox"/> Study cards <input type="checkbox"/> Finish up cards	<input type="checkbox"/> Verbal Quiz with Mom <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Test <input type="checkbox"/> _____
Math	<input type="checkbox"/> Lesson # _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Lesson # _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Lesson # _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Lesson # _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Test/Quiz _____ <input type="checkbox"/> Lesson # _____ <input type="checkbox"/> Review with Mom
Grammar	<input type="checkbox"/> Page #s _____ <input type="checkbox"/> _____	<input type="checkbox"/> Page #s _____ <input type="checkbox"/> _____	<input type="checkbox"/> Page #s _____ <input type="checkbox"/> _____	<input type="checkbox"/> Page #s _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> Review with Mom
Writing	<input type="checkbox"/> Prewrite: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Rough Draft: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Proofread: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Mom Edits with you <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Final Draft: _____ <input type="checkbox"/> _____ <input type="checkbox"/> Review with Mom
History	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Weekly Test
Reading	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> Discussion with Mom
Science	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Discussion with Mom <input type="checkbox"/> _____ <input type="checkbox"/> _____
Art/ Music/ Hands-on	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Review projects with Mom <input type="checkbox"/> _____