

Name: _____ Week of: _____

Weekly Homework

Check off the activities you complete each day and return this sheet to school at the end of the week.

Monday	<input type="checkbox"/> I read today: Title: _____ <input type="checkbox"/> Spelling Sort	Parent Initials
Tuesday	<input type="checkbox"/> I read today: Title: _____ <input type="checkbox"/> Math: _____	Parent Initials
Wednesday	<input type="checkbox"/> I read today: Title: _____ <input type="checkbox"/> Reading Comprehension worksheet	Parent Initials
Thursday	<input type="checkbox"/> I read today: Title: _____ <input type="checkbox"/> Writing Menu	Parent Initials

At the end of the week please make sure all work is stapled, taped, or clipped all together.