

Day of the week (circle): M Tu W Th F Month: 9 10 11 12 1 2 3 4 5 6 Date: _____

Language arts: <input type="checkbox"/> Reading Minutes <input type="checkbox"/> Writing <input type="checkbox"/>	Details: How many minutes _____	Supplies to bring home: <input type="checkbox"/> Notebook <input type="checkbox"/> Folder <input type="checkbox"/> Book <input type="checkbox"/> Chromebook	Due date <input type="checkbox"/> Tomorrow <input type="checkbox"/> Date _____
Science: <input type="checkbox"/> Read textbook <input type="checkbox"/> Lab report <input type="checkbox"/> Answer Questions		<input type="checkbox"/> Textbook <input type="checkbox"/> Notebook <input type="checkbox"/> Worksheet	
Math: <input type="checkbox"/> Math problems	Page number: _____ Which problems: _____	<input type="checkbox"/> Workbook <input type="checkbox"/> Text book <input type="checkbox"/> Ruler <input type="checkbox"/> Compass <input type="checkbox"/> Protractor <input type="checkbox"/> Calculator	
Social Studies: <input type="checkbox"/> Read <input type="checkbox"/> Answer Questions	Page number: _____ Questions number: _____		