

Legal Student Name (last, first): _____

Preferred Name (Last, first): _____

Teacher Signature: _____ **Date:** _____

Subject : _____ **Assessment:** _____ **Total Hours Completed:** _____

Monday	Tuesday	Wednesday	Thursday	Friday
8/21	8/22	8/23	8/24	8/25
8/28	8/29	8/30	8/31	9/1
9/4 No School Labor Day	9/5	9/6	9/7	9/8
9/11	9/12	9/13	9/14	9/15
9/18	9/19	9/20	9/21	9/22
9/25	9/26	9/27	9/28	9/29