

**Legal Student Name (last, first):** \_\_\_\_\_

**Preferred Name (Last, first):** \_\_\_\_\_

**Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Subject :** \_\_\_\_\_ **Assessment:** \_\_\_\_\_ **Total Hours Completed:** \_\_\_\_\_

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
10/2	10/3	10/4	10/5	10/6
10/9	10/10	10/11	10/12	10/13
10/16	10/17	10/18	10/19	10/20
10/23	10/24	10/25	10/26	10/27
10/30	10/31	11/1	11/2	11/3
11/6	11/7	11/8	11/9	11/10 No School Veteran's Day