

Full Student Name: _____

Teacher Signature: _____ **Date:** _____

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

Monday	Tuesday	Wednesday	Thursday	Friday
10/3	10/4	10/5	10/6	10/7
10/10	10/11	10/12	10/13	10/14
10/17	10/18	10/19	10/20	10/21
10/24	10/25	10/26	10/27	10/28
10/31	11/1	11/2	11/3	11/4
11/7	11/8	11/9	11/10	11/11 No School Veteran's Day