

Student Last Name: _____ **Student First Name:** _____

Teacher Signature: _____ **Date:** _____

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

Monday	Tuesday	Wednesday	Thursday	Friday
1/16 No School Martin L. King Day	1/17	1/18	1/19	1/20
1/23	1/24	1/25	1/26	1/27
1/30	1/31	2/1	2/2	2/3
2/6	2/7	2/8	2/9	2/10
2/13	2/14	2/15	2/16	2/17
2/20 No School President's Holiday	2/21 No School President's Holiday	2/22	2/23	2/24