

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

Teacher Signature: _____ **Date:** _____

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

No School - Spring Break 4/10/23 – 4/14/23

Monday	Tuesday	Wednesday	Thursday	Friday
4/17	4/18	4/19	4/20	4/21
2/24	4/25	4/26	4/27	4/28
5/1	5/2	5/3	5/4	5/5
5/8	5/9	5/10	5/11	5/12
5/15	5/16	5/17	5/18	5/19
5/22	5/23	5/24	2/25	5/26