

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

Teacher Signature: _____ **Date:** _____

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

- P.E.: List Activity and write in minutes or hours daily.
- Life Skills: List specific activities and daily hours.
- Use blue or black ink only to complete this form.

Monday	Tuesday	Wednesday	Thursday	Friday
8/22	8/23	8/24	8/25	8/26
8/29	8/30	8/31	9/1	9/2
9/5 HOLIDAY	9/6	9/7	9/8	9/9
9/12	9/13	9/14	9/15	9/16