Alder Grove Charter School **Learning Period 1 (Salmon)**
Activity Log **8/26/24 – 10/4/24**

Legal Student Name (last, first): _____

Preferred Name (last, first): _____

Course: _____ **Teacher Name:** _____

Total Activity Duration for Learning Period: _____

Monday	Tuesday	Wednesday	Thursday	Friday
8/26	8/27	8/28	8/29	8/30
9/2 Holiday	9/3	9/4	9/5	9/6
9/9	9/10	9/11	9/12	9/13
9/16	9/17	9/18	9/19	9/20
9/23	9/24	9/25	9/26	9/27
9/30	10/1	10/2	10/3	10/4