

1st Grade Name \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday
<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____
<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____
<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____
<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____
<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>
<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>
<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____	<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____	<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____	<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____
<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____	<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____	<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____	<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____
<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>

Monday	Tuesday	Wednesday	Thursday
<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____	<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____	<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____	<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____
<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>
<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____	<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____	<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____	<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____
<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____
<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>
<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____
<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>
<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>
<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>
<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____

**Teacher Notes:**

2nd Grade Name \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday
<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____
<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____
<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____
<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____
<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>
<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>
<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____	<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____	<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____	<b>Bob Books:</b> <input type="checkbox"/> Set _____ Book _____
<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____	<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____	<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____	<b>RFAL:</b> <input type="checkbox"/> Set _____ Book _____
<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>

Monday	Tuesday	Wednesday	Thursday
<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____	<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____	<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____	<b>Fluency Strips:</b> <input type="checkbox"/> Set _____ Sentence _____
<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>
<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____	<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____	<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____	<b>Enumeration/Small Math:</b> <input type="checkbox"/> _____
<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____
<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>
<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____
<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>
<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>
<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>
<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____

**Teacher Notes:**

3rd Grade Name \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday
<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____	<b>Word Study:</b> <input type="checkbox"/>  Box: _____ _____
<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____	<b>Grammar:</b> <input type="checkbox"/>  Box: _____ _____
<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____	<b>Rainbow Words:</b> <input type="checkbox"/> Color: _____ Box: _____
<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____	<b>Spelling:</b> Grade _____ <input type="checkbox"/> Week _____
<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>	<b>Sight Words:</b> <input type="checkbox"/>
<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>	<b>Handwriting:</b> <input type="checkbox"/>
<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>	<b>Reading</b> Group <input type="checkbox"/> Specialist <input type="checkbox"/> Self <input type="checkbox"/> Buddy <input type="checkbox"/>
<b>Steck Vaughn:</b> <input type="checkbox"/> F MI S CX CL I Book _____ Unit _____	<b>Steck Vaughn:</b> <input type="checkbox"/> F MI S CX CL I Book _____ Unit _____	<b>Steck Vaughn:</b> <input type="checkbox"/> F MI S CX CL I Book _____ Unit _____	<b>Steck Vaughn:</b> <input type="checkbox"/> F MI S CX CL I Book _____ Unit _____
<b>Comprehension:</b> <input type="checkbox"/>	<b>Comprehension:</b> <input type="checkbox"/>	<b>Comprehension:</b> <input type="checkbox"/>	<b>Comprehension:</b> <input type="checkbox"/>

Monday	Tuesday	Wednesday	Thursday
<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>	<b>Large Math:</b> <input type="checkbox"/>
<b>Enumeration/Small Math:</b> _____	<b>Enumeration/Small Math:</b> _____	<b>Enumeration/Small Math:</b> _____	<b>Enumeration/Small Math:</b> _____
<b>Algebra:</b> <input type="checkbox"/>	<b>Algebra:</b> <input type="checkbox"/>	<b>Algebra:</b> <input type="checkbox"/>	<b>Algebra:</b> <input type="checkbox"/>
<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____	<b>Geometry:</b> <input type="checkbox"/> _____
<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>	<b>Geometry Lesson:</b> <input type="checkbox"/>
<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____	<b>Fractions:</b> <input type="checkbox"/> _____
<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>	<b>Fractions Lesson:</b> <input type="checkbox"/>
<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>	<b>Time Box:</b> <input type="checkbox"/>
<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>	<b>Money Box:</b> <input type="checkbox"/>
<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____	<b>Measurement:</b> <input type="checkbox"/> _____
<b>Review Lesson:</b> <input type="checkbox"/>	<b>Review Lesson:</b> <input type="checkbox"/>	<b>Review Lesson:</b> <input type="checkbox"/>	<b>Review Lesson:</b> <input type="checkbox"/>
<b>Computer:</b> <input type="checkbox"/> Typing Other: _____	<b>Computer:</b> <input type="checkbox"/> Typing Other: _____	<b>Computer:</b> <input type="checkbox"/> Typing Other: _____	<b>Computer:</b> <input type="checkbox"/> Typing Other: _____

**Teacher Notes:**