

Name \_\_\_\_\_

\*Please initial each night that homework in each area is completed. Homework will be checked on MONDAYS for the previous week. Please remember that you can add your own homework activities as needed (i.e. practicing handwriting, writing sentences to work on punctuation placement, writing sight words, etc.)

# October

	Monday 10/5	Tuesday 10/6	Wednesday 10/7	Thursday 10/8
Language Arts				
Sight Words (5 Min.)				
Reading (15 min.)				

	Monday 10/12	Tuesday 10/13	Wednesday 10/14	Thursday 10/15
Language Arts				X
Sight Words (5 Min.)				X
Reading (15 min.)				X

	Monday 10/19	Tuesday 10/18	Wednesday 10/19	Thursday 10/20
Language Arts	X			
Sight Words (5 Min.)	X			
Reading (15 min.)	X			

	Monday 10/26	Tuesday 10/27	Wednesday 10/28	Thursday 10/29
Language Arts				
Sight Words (5 Min.)				
Reading (15 min.)				