

Week of:

# Homework

Check  
when  
complete

MONDAY

Spelling: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Other/Reminder: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

TUESDAY

Spelling: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Other/Reminder: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

WEDNESDAY

Spelling: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Other/Reminder: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

THURSDAY

Spelling: \_\_\_\_\_

Math: \_\_\_\_\_

Reading: \_\_\_\_\_

Other/Reminder: \_\_\_\_\_

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Parent/Teacher Comments: