

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: