

Goals

1. _____
2. _____
3. _____
4. _____

Child's Name: _____

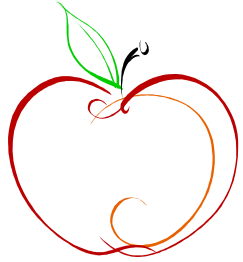
Parent's Name (printed) _____

Parent's Signature _____

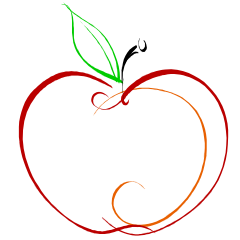
Teacher's Signature _____

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<i>Sample:</i> #1 = 20 min #3 = 15 min					1 1 2 3 4	2 1 2 3 4
3 1 2 3 4	4 1 2 3 4	5 1 2 3 4	6 1 2 3 4	7 1 2 3 4	8 1 2 3 4	9 1 2 3 4
10 1 2 3 4	11 1 2 3 4	12 1 2 3 4	13 1 2 3 4	14 1 2 3 4	15 1 2 3 4	16 1 2 3 4
17 1 2 3 4	18 1 2 3 4	19 1 2 3 4	20 1 2 3 4	21 1 2 3 4	22 1 2 3 4	23 1 2 3 4
24 1 2 3 4	25 1 2 3 4	26 1 2 3 4	27 1 2 3 4	28 1 2 3 4	29 1 2 3 4	30 1 2 3 4



September 2006



Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30