



Name _____

My Homework Log to Keep at Home and Turn in at the End of the Month!

- Please put a checkmark next to the assignment as you complete it each night.
- Parents, please initial each day to show that you helped your child check to see that all his/her homework was completed and packed again for school.

October

Monday	Tuesday	Wednesday	Thursday	Weekend
			10/1 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/2—10/4 <input type="checkbox"/> 15 min. reading each day Parent initials:
10/5 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/6 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/7 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/8 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/9-10/11 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:
10/12 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/13 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/14 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/15 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/16-10/18 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:
10/19 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/20 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/21 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/22 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/23-10/25 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:
10/26 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/27 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/28 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/29 <input type="checkbox"/> 15 min. reading group book <input type="checkbox"/> Math Parent initials:	10/30 Turn in!