

Child's Name: _____

Classroom Site: _____

| Week of: | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--------|---------|-----------|----------|--------|
| Watch the Story Write Name of Story: | | | | | |
| Read the Book Write Name of Book: | | | | | |
| Puzzlers (Put a check for each puzzler completed) | | | | | |
| Watch the Video (Put a check for video completed) | | | | | |
| Do the Activity (Put a check for activity completed) | | | | | |

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