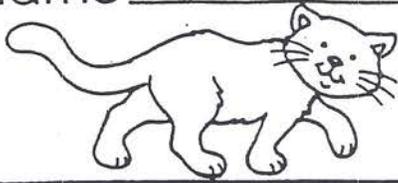


Name \_\_\_\_\_

Skill: Homework



# October



Monday	Tuesday	Wednesday	Thursday	Friday
Do 10 jumping jacks. <input type="checkbox"/>	Learn the addition and subtraction facts for 2. <input type="checkbox"/>	Visit a library. Check out a book. <input type="checkbox"/>	Use crayons and scissors to make a mask out of a paper plate. <input type="checkbox"/>	Write your telephone number 10 times. <input type="checkbox"/>
Brush your teeth in the morning and at night. <input type="checkbox"/>	Read or listen to a story. <input type="checkbox"/>	Draw a picture. Tell a story about it. <input type="checkbox"/>	Make your name using toothpicks. <input type="checkbox"/>	String 25 macaroni together to make a necklace. <input type="checkbox"/>
Name the five vowels. Write them. <input type="checkbox"/>	Write your address six times. <input type="checkbox"/>	Say the numbers from 0 to 20. Write them in the air. <input type="checkbox"/>	Learn the addition and subtraction facts for 3. <input type="checkbox"/>	Learn a poem. Tell it to someone. <input type="checkbox"/>
Have someone read to you. <input type="checkbox"/>	Draw a shape. Make it into a monster. <input type="checkbox"/>	Write your birth date seven times. <input type="checkbox"/>	Sing a song you learned in school. <input type="checkbox"/>	Write the names of the people in your family. <input type="checkbox"/>
Sort the seeds in a pumpkin into groups of 10. Count the groups. <input type="checkbox"/>	Learn the addition and subtraction facts for 4. <input type="checkbox"/>	Get a box of food. Find five vowels on it. <input type="checkbox"/>	Write a story. Read it to someone. <input type="checkbox"/>	Make a picture book using your favorite color. <input type="checkbox"/>

Choose at least three activities each week for your child to do as homework.

Check the square when an activity has been completed.

Please sign and return this sheet to the teacher at the end of the month.

\_\_\_\_\_  
Parent's signature

