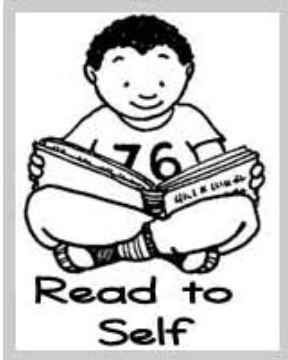
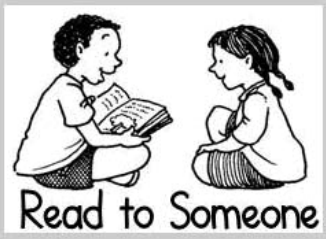





Name: _____

Date started: _____

	 Read to Self	 Read to Someone	 Listening	 Word Work	 Writing
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					