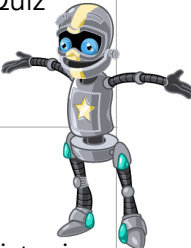
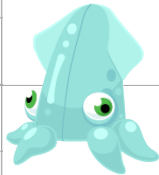




Date	Book Title	3-5 New Vocab			Tasks
Monday, _____ _____					<input type="radio"/> Listening <input type="radio"/> Reading <input type="radio"/> Quiz 
Tuesday, _____ _____					<input type="radio"/> Listening <input type="radio"/> Reading <input type="radio"/> Quiz 
Wednesday, _____ _____					<input type="radio"/> Listening <input type="radio"/> Reading <input type="radio"/> Quiz 
Thursday, _____ _____					<input type="radio"/> Listening <input type="radio"/> Reading <input type="radio"/> Quiz

Date	Book Title	3-5 New Vocab			Tasks
Friday, _____ _____					<input type="checkbox"/> Listening <input type="checkbox"/> Reading <input type="checkbox"/> Quiz 
Saturday, _____ _____					
Sunday, _____ _____					

(For Teachers Only)



Points

Teacher's Signature: _____

Parent's Signature: _____

