## Breaking a book into daily assignments

| Student's Name Grade Level                           |        |         |           |          |        |  |
|--|--------|---------|-----------|----------|--------|--|
| Subject:   |        |         |           |          |        |  |
| Title of book/s:                                     |        |         |           |          |        |  |
|  |        |         |           |          |        |  |
| This column reserved for recording title/s of books. | Monday | Tuesday | Wednesday | Thursday | Friday |  |
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## Breaking a book into daily assignments with larger boxes (Print 2-3 per subject.)

| Student's Name Grade Level                           |        |         |           |          |        |
|--|--------|---------|-----------|----------|--------|
| Subject:   |        |         |           |          |        |
| Title of book/s:                                     |        |         |           |          |        |
| This column reserved for recording title/s of books. | Monday | Tuesday | Wednesday | Thursday | Friday |
| or books.  |        |         |           |          |        |
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Individual Student Weekly Lesson Plan

|               |        |         | _'s Lesson F |        | Gra | de     |
|---------------|--------|---------|--------------|--------|-----|--------|
| Week # Dates: |        |         | _            | Ho     | urs |        |
| Subject       | Monday | Tuesday | Wednesday    | Thurso | day | Friday |
|               |        |         |              |        |     |        |
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|                            |        |         | _'s Lesson F | Plan    | Grade     |  |
|----------------------------|--------|---------|--------------|---------|-----------|--|
| Week #                     | Dates: |         |              | _       |           |  |
|                            |        |         |              |         |           |  |
| Subject                    | Monday | Tuesday | Wednesday    | Thursda | ay Friday |  |
|                            |        |         |              |         |           |  |
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| With Mom or Sibling        |        |         |              |         |           |  |
|                            |        |         |              |         |           |  |
|                            |        |         |              |         |           |  |
|                            |        |         |              |         |           |  |
| OTHER ACTIVITIES           |        |         |              |         |           |  |
| Chores                     |        |         |              |         |           |  |
| Out of House<br>Activities |        |         |              |         |           |  |