

# HOMEWORK CALENDAR

Name \_\_\_\_\_

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Read for 10 minutes each night	Parent Signature _____	Parent Signature _____	Parent Signature _____	Parent Signature _____	
Practice sight words for 5 minutes	Parent Signature _____	Parent Signature _____	Parent Signature _____	Parent Signature _____	Sight Word Test
Spelling	Write each spelling word twice.	Red Vowels Worksheet	Spelling Sentences	Practice Spelling Test	Spelling Test
Math worksheet					

Keep this homework calendar in your Homework Folder. Turn in completed homework each day. Parents, please sign to show completion of nightly reading, spelling, and sight word practice.

Thank you!

Mrs. O'Toner

