Math Minutes

|  |  |  |
| --- | --- | --- |
| **Day of Week:** | **Math Activity** | **Amount of Time Worked on Math:** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  | Please try to work on math 50 minutes throughout the week.(10 minutes a night during the school week) | Total: |

Name: ­­­­­­­­­­­­­ Week of:

Parent Signature

 ­­­­­

Reading Minutes

Name: ­­­­­­­­­­­­­ Week of:

|  |  |  |
| --- | --- | --- |
| **Day of Week:** | **Book Read/Reading Activity** | **Amount of Time Read:** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
|  | Please try to read 100 minutes throughout the week.(20 minutes a night during the school week) | Total: |

Parent Signature