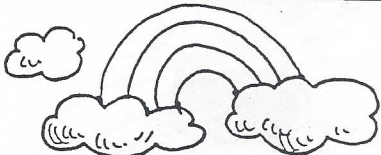
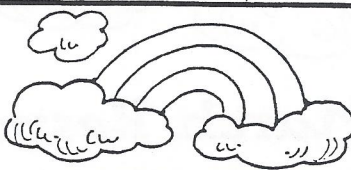


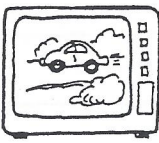


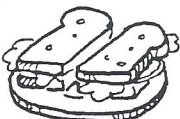


Name _____

Monthly Calendar

Choose at least _____ activities to complete each week. Check the box in the lower right corner of each calendar square as your child completes the activity. Turn in the calendar and the response journal on the last school day of March.

|  <h1>March</h1>  | | | | |
|--|--|--|--|--|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Draw five things you can find in the sky.  <input type="checkbox"/> | Say the days of the week. <input type="checkbox"/> | Set the table. Count the forks, spoons, and knives.  <input type="checkbox"/> | Trace around a plastic lid. Make a design from the tracing. <input type="checkbox"/> | Zip and unzip a jacket ten times. Count as you zip. <input type="checkbox"/> |
| Tell the opposites of <i>wet</i> , <i>boy</i> , <i>left</i> , <i>down</i> , <i>happy</i> , <i>fat</i> , <i>open</i> , and <i>tall</i> . <input type="checkbox"/> | Point to your left hand; point to your right hand. <input type="checkbox"/> | Put your hand over, under, behind, and beside a table. <input type="checkbox"/> | Name ten things larger than a television set.  <input type="checkbox"/> | Tell someone what you would do if you found a pot of gold. <input type="checkbox"/> |
| Listen to a story and draw your favorite part. <input type="checkbox"/> | Find all the round shapes in a room in your house.  <input type="checkbox"/> | Point to the letters A, F, and T on a book page. <input type="checkbox"/> | Write the numbers from 0 to 20. <input type="checkbox"/> | What day is today? What day will tomorrow be? <input type="checkbox"/> |
| Draw a rainbow with red, orange, yellow, green, blue, and purple stripes. <input type="checkbox"/> | Write a parent's work phone number. <input type="checkbox"/> | Name two words that rhyme with <i>ran</i> . <input type="checkbox"/> | Make a St. Patrick's Day card for a family member.  <input type="checkbox"/> | Count your jumps aloud as you jump from your bed to the bathroom. <input type="checkbox"/> |
| Write the ages of all the people in your family. Don't forget yourself! <input type="checkbox"/> | Write the alphabet in lowercase letters. <input type="checkbox"/> | Add up the number of toes in your family. <input type="checkbox"/> | Go outside and listen for one minute. Name all the sounds you hear. <input type="checkbox"/> | Make a sandwich. Cut it into two equal pieces.  <input type="checkbox"/> |



March Response Journal

Help your child dictate responses as you write them down. Turn in this journal along with the calendar on the last school day of March.

Child

1. My favorite activity was _____.

I liked it because _____.

2. One activity I needed help with was _____.

3. I learned _____.

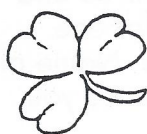


Parent

1. I learned _____.

2. The activity I most enjoyed doing with my child was _____.

3. The activity I helped my child with most was _____.



Parent's Signature _____