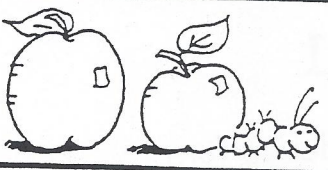
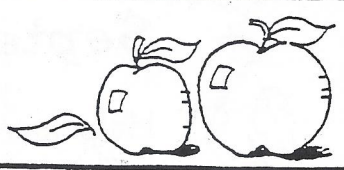






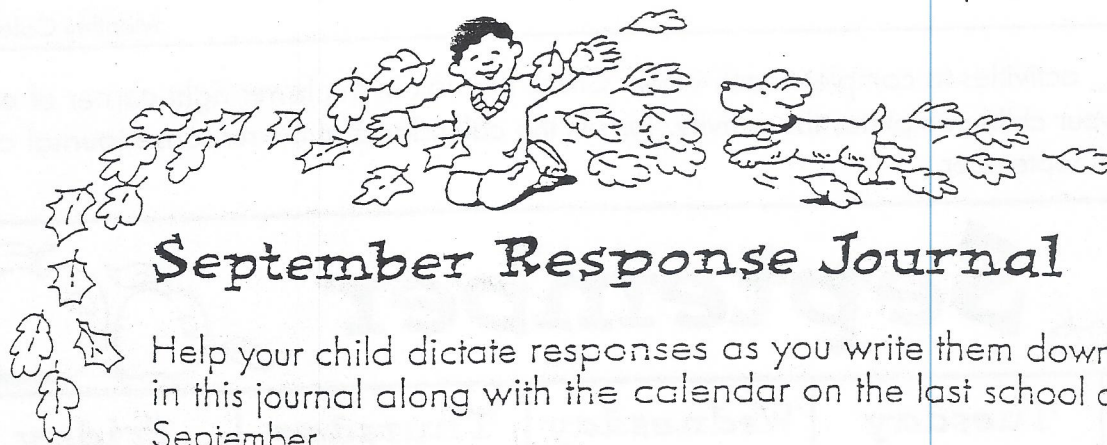


Name _____

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 September.

 <h1>September</h1> 				
Monday	Tuesday	Wednesday	Thursday	Friday
Pretend you have a magic pencil box at school. What is inside? How is it magic? <input type="checkbox"/>	Place paper over a fallen leaf, and rub over it with the flat side of a crayon. <input type="checkbox"/>	Draw a picture of your teacher. Name three things you like about your teacher. <input type="checkbox"/>	Finish this sentence: <i>One thing I want to learn this year is . . .</i> <input type="checkbox"/>	Point to all the words that start with the letter B on a book page. <input type="checkbox"/>
Tell the name of your school. <input type="checkbox"/>	Name two things you do every day in school. <input type="checkbox"/>	Make a pattern using leaves.  <input type="checkbox"/>	Name two words that rhyme with tree. <input type="checkbox"/>	Hop, skip, kneel, jog, and twist ten times each.  <input type="checkbox"/>
Name five people in your class. <input type="checkbox"/>	Gather ten leaves from the ground. Group them by color or shape. <input type="checkbox"/>	Write your first name. <input type="checkbox"/>	Write your phone number. <input type="checkbox"/>	Count all the cans of food in your cupboard.  <input type="checkbox"/>
Name five different foods made from apples.  <input type="checkbox"/>	Write the alphabet in capital letters. <input type="checkbox"/>	Help prepare dinner.  <input type="checkbox"/>	Say your address. <input type="checkbox"/>	Draw a picture of yourself and what you hear, smell, see, touch, and taste. <input type="checkbox"/>
Practice introducing yourself to your classmates. <input type="checkbox"/>	Have someone read a story to you. Retell the story in your own words. <input type="checkbox"/>	Write the numbers from 0 to 10. <input type="checkbox"/>	Look at all the pictures in a book before someone reads it to you.  <input type="checkbox"/>	Say ten words that start with the sound s. <input type="checkbox"/>



September 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 September.

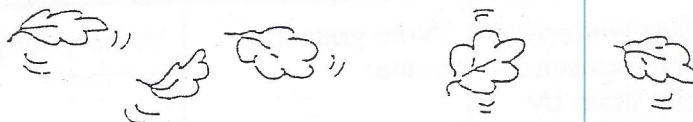
Child

1. My favorite activity was _____.

I liked it because _____.

2. One activity I needed help with was _____.

3. I learned _____.

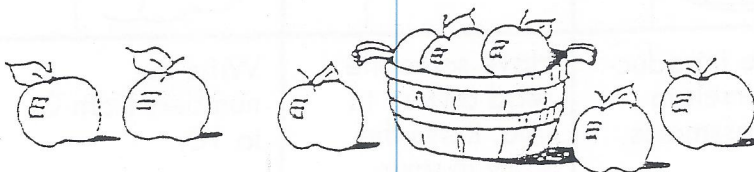


Parent

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 _____