

WEEKLY HOMEWORK

Name: _____ Week of: _____

Check off the activities you complete each day and return this sheet to school Friday morning to earn _____ for your work!

M

- I read a book.
- My parents read to me.
- I practiced my sight words.
- I worked on reading comprehension.
- I worked on math.

T

- I read a book.
- My parents read to me.
- I practiced my sight words.
- I worked on reading comprehension.
- I worked on math.

W

- I read a book.
- My parents read to me.
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R

- I read a book.
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- I worked on reading comprehension.
- I worked on math.

My Sight Words

Parents & student set Weekly Goal on Monday.

My Goal This Week:
_____ checks

Did I meet my goal?
Y or N

Parents: Please initial here once complete.