

Academic Growth Plan Log

Student Name: _____

LP 1 – 15 days: 8/15/22-9/2/22

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

<p>Date: 8/15/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/16/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/17/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/18/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/19/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 8/22/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/23/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/24/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/25/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/26/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 8/29/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/30/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 8/31/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 9/1/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Date: 9/2/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time_____</p>	<p>Total Weekly Minutes</p> <p>_____</p> <p>Monthly Total:</p> <p>_____</p>

Academic Growth Plan Log

Student Name: _____

LP 2 – 19 days: 9/6/22-9/30/22

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

Date: 9/5/22 HOLIDAY LABOR DAY	Date: 9/6/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/7/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/8/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/9/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 9/12/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/13/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/14/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/15/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/16/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 9/19/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/20/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/21/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/22/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/23/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 9/26/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/27/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/28/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/29/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 9/30/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____ Monthly Total: _____

Academic Growth Plan Log

Student Name: _____

LP 3 – 20 days: 10/3/22-10/28/22

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

<p>Date: 10/3/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/4/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/5/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/6/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/7/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 10/10/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/11/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/12/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/13/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/14/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 10/17/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/18/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/19/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/20/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/21/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 10/24/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/25/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/26/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/27/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 10/28/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p> <p>Monthly Total:</p> <p>_____</p>

Academic Growth Plan Log

Student Name: _____

LP 4 – 16 days: 10/31/22-11/22/22

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

Date: 10/31/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/1/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/2/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/3/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/4/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 11/7/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/8/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/9/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/10/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/11/22 HOLIDAY VETERANS DAY	Total Weekly Minutes _____
Date: 11/14/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/15/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/16/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/17/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/18/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 11/21/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/22/22 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 11/23/22 NO SCHOOL THANKSGIVING BREAK	Date: 11/24/22 HOLIDAY HAPPY THANKSGIVING	Date: 11/25/22 NO SCHOOL THANKSGIVING BREAK	Total Weekly Minutes _____ Monthly Total: _____

Academic Growth Plan Log

Student Name: _____

LP 5 – 19 days: 11/28/22-12/22/22

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

<p>Date: 11/28/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 11/29/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 11/30/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/1/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/2/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 12/5/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/6/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/7/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/8/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/9/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 12/12/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/13/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/14/22_</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/15/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/16/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 12/19/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/20/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/21/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 12/22/22</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p style="text-align: center;">HOLIDAY WINTER BREAK</p>	<p>Total Weekly Minutes</p> <p>_____</p> <p>Monthly Total:</p> <p>_____</p>

Academic Growth Plan Log

Student Name: _____

LP 6 – 19 days: 1/9/23--2/3/23

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

Date: 1/9/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/10/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/11/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/12/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/13/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____				
Date: 1/16/23 HOLIDAY MARTIN LUTHER KING JR. DAY					Date: 1/17/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/18/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/19/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/20/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 1/23/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/24/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/25/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/26/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/27/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____				
Date: 1/30/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 1/31/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/1/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/2/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/3/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____ Monthly Total: _____				

Academic Growth Plan Log

Student Name: _____

LP 7 – 18 days: 2/6/23–3/3/23

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

Date: 2/6/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/7/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/8/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/9/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/10/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 2/13/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/14/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/15/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/16/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/17/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 2/20/23 <p style="text-align: center;">HOLIDAY</p> <p style="text-align: center;">PRESIDENT'S DAY</p>	Date: 2/21/23 <p style="text-align: center;">HOLIDAY</p> <p style="text-align: center;">PRESIDENT'S DAY</p>	Date: 2/22/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/23/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/24/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____
Date: 2/27/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 2/28/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 3/1/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 3/2/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Date: 3/3/23 <input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other _____ Total Time _____	Total Weekly Minutes _____ Monthly Total: _____

Academic Growth Plan Log

Student Name: _____

LP 8 – 20 days: 3/6/23-3/31/23

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

<p>Date: 3/6/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/7/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/8/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/9/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/10/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 3/13/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/14/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/15/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/16/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/17/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 3/20/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/21/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/22/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/23/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/24/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 3/27/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/28/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/29/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/30/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 3/31/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p> <p>Monthly Total:</p> <p>_____</p>

Academic Growth Plan Log

Student Name: _____

LP 9 – 14 days: 4/3/23--4/28/23

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

<p>Date: 4/3/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/4/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/5/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/6/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/7/23</p> <p style="text-align: center; font-weight: bold;">SPRING BREAK</p>	<p style="text-align: center; font-weight: bold;">Total Weekly Minutes</p> <p style="text-align: center;">_____</p>
<p style="text-align: center; font-weight: bold;">SPRING BREAK</p>	<p style="text-align: center; font-weight: bold;">SPRING BREAK</p>	<p style="text-align: center; font-weight: bold;">SPRING BREAK</p>	<p style="text-align: center; font-weight: bold;">SPRING BREAK</p>	<p style="text-align: center; font-weight: bold;">SPRING BREAK</p>	
<p>Date: 4/17/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/18/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/19/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/20/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/21/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p style="text-align: center; font-weight: bold;">Total Weekly Minutes</p> <p style="text-align: center;">_____</p>
<p>Date: 4/24/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/25/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/26/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/27/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 4/28/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p style="text-align: center; font-weight: bold;">Total Weekly Minutes</p> <p style="text-align: center;">_____</p> <p style="text-align: center; font-weight: bold;">Monthly Total:</p> <p style="text-align: center;">_____</p>

Academic Growth Plan Log

Student Name: _____

LP 10 – 15 days: 5/1/23--5/19/23

Teacher Name: _____

Grade Level: _____

___ Math Goals Met ___ Math Goals Not Met ___ LA Goals Met ___ LA Goals Not Met

Math Strategy #1 _____

Math Strategy #2 _____

Lang. Arts Strategy #1 _____

Lang. Arts Strategy #2 _____

<p>Date: 5/1/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/2/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/3/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/4/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/5/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 5/8/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/9/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/10/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/11/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/12/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p>
<p>Date: 5/15/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/16/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/17/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/18/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Date: 5/19/23</p> <p><input type="checkbox"/> Math #1 <input type="checkbox"/> Math #2 <input type="checkbox"/> LA #1 <input type="checkbox"/> LA #2 <input type="checkbox"/> Other</p> <p>_____</p> <p>Total Time _____</p>	<p>Total Weekly Minutes</p> <p>_____</p> <p>Monthly Total:</p> <p>_____</p>