

Place a picture
of your child
here

Place students name here

Month:
September

Subjects List date under time →	Time Date:	Monday Sept. 1	Tuesday Sept. 2	Wednesday 3	Thursday 4	Friday 5
List subjects here in order you want them completed ↓	How long? ↓					
		Check marks go here when completed				
			Some days you might skip, leave blank			
<h1>Sample check off list</h1>						
	<p>You may wish to duplicate this on your computer then print copies for the children to check off (once you have a master for the month filled out with subjects, time it should take to complete, dates, etc.)</p>					