NAME:		SCHOOL YEAR:		
GRADE:		TOTAL DAYS FOR SCHOOL YEAR:		
1 ST SEMESTER		2 ND SEMESTER		
DATE:		DATE:		
(# Days each month) JUNE		JANUARY		
JULY		FEBRUARY		
AUGUST		MARCH		
SEPTEMBER		APRIL		
OCTOBER		MAY		
NOVEMBER				
DECEMBER				
Total days 1 st Semester		Total days 2 nd Semester		
Extra Activities/Field Trips:				
Awards:				
Valuateer/Community Consider				
Volunteer/Community Service:				
Leadership Activities:				
•				
Teacher Continuing Education (List titles of books, audio tapes, videos, or dates of workshops,				
seminars, or classes):				

SUBJECT NAME /CURRICULUM NAME	GRADE Numerical & Letter 1 st 2 nd Semester Semester		LESSON OR CHAPTER TITLES (1 st and 2 nd Semesters)