** Early Childhood Distance Learning Plan for School Closure  
 Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
|  | **Monday, Apr 20th** | **Tuesday, Apr 21st** | **Wednesday, Apr 22nd** | **Thursday, Apr 23rd** | **Friday, Apr 24th** |
| **English Language Arts** |  |  |  |  | **ENRICHMENT**  **DAY** |
| **Math** |  |  |  |  |  |
| **Religion** |  |  |  |  |  |
| **Science or Social Studies** |  |  |  |  |  |
| **Auxiliary / Elective** |  |  |  |  |  |
| **P.E. / Physical Activity** |  |  |  |  |  |
| **Total Time spent on Classwork** |  |  |  |  |  |
| **Parent Signature** |  |  |  |  |  |