

Early Childhood Distance Learning Plan for School Closure

Student Name: _____ **Teacher:** _____

	Monday, Apr 27th	Tuesday, Apr 28th	Wednesday, Apr 29th	Thursday, Apr 30th	Friday, May 1st
English Language Arts					
Math					
Religion					
Science or Social Studies					
Auxiliary / Elective					
P.E. / Physical Activity					
Total Time spent on Classwork					
Parent Signature					