

Elementary School Distance Learning Plan for School Closure

Student Name: _____ Homeroom: _____

	Monday, Apr 27th	Tuesday, Apr 28 th	Wednesday, Apr 29 th	Thursday, Apr 30 th	Friday, May 1 st
English Language Arts					
Math					
Religion					
Science					
Social Studies					
Auxiliary / Elective					
P.E. / Physical Activity					
Total Time spent on Classwork					
Student Signature					
Parent Signature	By signing, I verify that my student used the above number of minutes to complete their assignments, and it was completed independently when required.	By signing, I verify that my student used the above number of minutes to complete their assignments, and it was completed independently when required.	By signing, I verify that my student used the above number of minutes to complete their assignments, and it was completed independently when required.	By signing, I verify that my student used the above number of minutes to complete their assignments, and it was completed independently when required.	By signing, I verify that my student used the above number of minutes to complete their assignments, and it was completed independently when required.