|  |  |
| --- | --- |
| September  STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Record the number of minutes you practiced **math** **facts** each day. Total your minutes, have your parent sign, and turn this calendar in for a treat ☺ | 2014 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|  |  |  |  |  |  |  |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|  |  |  |  |  |  |  |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
|  |  |  |  |  |  |  |
| 29 | 30 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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| --- | --- |
| ALL TOGETHER THIS MONTH I PRACTICED MATH FACTS \_\_\_\_\_\_ MINUTES!Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |