

Daily Schedule - Term _____

Week # _____

Date _____

SUBJECT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____
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notes from the week
