

STUDENT NAME: _____

October Math 2016

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 😊

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
31						

ALL TOGETHER THIS MONTH I PRACTICED MATH FACTS _____ MINUTES!

PARENT SIGNATURE: _____