

PROGRESS CHART FOR _____

Name _____

Please record the time that you spend each day doing any intentional learning activities for this subject. Total your time at the end of each week.

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL TIME
Week 1 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 2 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 3 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 4 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 5 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	

Parent Signature _____

Date _____

Advisor _____

PROGRESS CHART FOR ☐ ART ☐ HEALTH ☐ FITNESS ☐ OCCUPATIONAL

Name _____

Please record the time that you spend each day doing any intentional learning activities for this subject. Total your time at the end of each week.

WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL TIME
Week 1 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 2 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 3 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 4 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	
Week 5 Date _____	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	Activity/Time	

Parent Signature _____

Date _____

Advisor _____