

**Individual Planning Sheet – [Child Name]**

**Week:** 2019 # \_\_\_ ( / - / )

Subject	Working On	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mindful		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Math	Montessori		<input type="checkbox"/>	<input type="checkbox"/>				
	IQ / Pattern							
EL	Phonics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Grammar							
Writing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
CL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reading		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prac Life		<input type="checkbox"/>	<input type="checkbox"/>					
Science	Young Sci					<input type="checkbox"/>		
Art	Free design						<input type="checkbox"/>	
Music	Piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Psychom.	Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Swimming							<input type="checkbox"/>
Others								
Play								
Screen								<input type="checkbox"/>
Behaviour								
Health								

Notes: