

NAME \_\_\_\_\_

WORK

LOG # \_\_\_\_\_



**REQUIRED:**

4 days of 15 minutes per day.  
60 minutes per week total.

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
TIME						
What I worked on:						

Student Signature: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

NAME \_\_\_\_\_

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