Choose at least \_\_\_\_ activities to complete each week. Check the box in the lower right corner of each calendar square as your child completes the activity. Turn in the calendar and the response journal on the last school day of April.



## April





1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
	Monday	Tuesday	Wednesday	Thursday	Friday
NAME AND POST OF PERSONS AND PERSONS ASSESSMENT OF PERSONS ASSESSM	Tell someone a make-believe story about a raindrop.	Write the alphabet in capital letters.	Finish this sentence: The world would be a better place if everyone	Pretend you are a raindrop floating to the ground. Act it out.	Look at a clock. Name the minute.
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THE RESIDENCE AND ADDRESS OF THE PERSON NAMED AND PARTY OF THE PARTY O	List five words that describe you.	Make happy, sad, scared, angry, and excited faces.	Retell your favorite story to someone in your family.	Bounce a ball five times with one hand and then the other.	Guess how many spoonfuls of rice it takes to fill a glass. Try it.
The second secon	Draw a picture of what you want to be when you grow up.	Have someone read you a story. Change the ending.	Write your name five times, each time with a different crayon.	Write the numbers from 15 to 30.	Put a handful of toothpicks or pennies into groups of ten. How many groups do you have?
	Write your phone number.	Say the sound of each letter in the alphabet.	Read a book to a family member by describing the pictures.		Fill a tray with sand or rice. With your finger, write the numbers from 1 to 10 in the tray.
y li	Praw a picture of what you and your best friend ke to do ogether.	Find all the square shapes in one room of your house.	Draw a picture of your favorite animal.	Fill a cup half- full with water.	Name ten things bigger than a car.