

My Quarantine Learning Plan

NAME: _____

DATE STARTED: _____

NOTE:

If at any point during your time at home you feel ill, please do not work on school work! Your health is more important than the completion of assignments, so take care of yourself first.

LOGIN INFORMATION:

WEBSITE:
USERNAME:
PASSWORD:

WEBSITE:
USERNAME:
PASSWORD:

10 DAY LEARNING PLAN

Daily 5:

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Very Important Projects (VIPs):

CONTACT INFORMATION:

TEACHER:

EMAIL:

SCHOOL NUMBER:

Email is best! Don't hesitate to reach out. I'll get back to you as soon as a can.

IF YOU HAVE ADDITIONAL TIME:



NOTES FROM HOME: