

■ What Did My Child Learn This Week?

■ Week of: to	_
■ My Child's Name:	
■ Age/Grade:	
■ Learning Highlights	
1	
2	
3	
4	
5	
■ Creative Moments	
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■ New Words or Phrase	s Learned
■ Proud Moments	
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YB	
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2.		 	
3.			

■■ Optional Drawing or Photo

[Paste a photo, draw a picture, or decorate this space]

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