








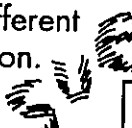



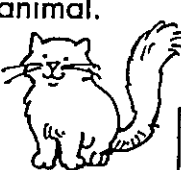


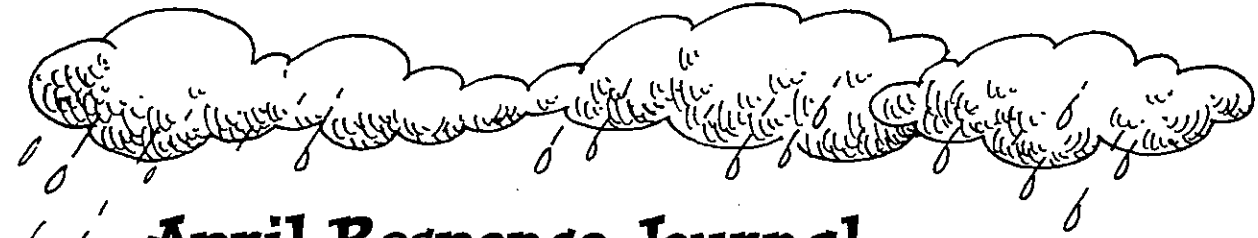


Choose at least 3 activities to complete each week. Check the box in the lower right corner of each calendar square as your child completes the activity. Turn in the calendar and the response journal on the last school day of April. ☁️ — must do this one!

|  <h1 style="font-size: 48px; margin: 0;">April</h1>                                       |   |  |   |   |
|---|---|--|---|---|
| Monday  | Tuesday   | Wednesday  | Thursday  | Friday  |
| <p>Tell someone a make-believe story about a raindrop.</p>  <input type="checkbox"/>       | <p>Write the alphabet in capital letters.</p> <input type="checkbox"/>                | <p>Finish this sentence: <i>The world would be a better place if everyone . . .</i></p> <input type="checkbox"/>   | <p>Pretend you are a raindrop floating to the ground. Act it out.</p>  <input type="checkbox"/>    | <p>Look at a clock. Name the minute.</p>  <input type="checkbox"/>   |
| <p>List five words that describe you.</p>  <input type="checkbox"/>                       | <p>Make happy, sad, scared, angry, and excited faces.</p> <input type="checkbox"/>    | <p>Retell your favorite story to someone in your family.</p>  <input type="checkbox"/>          | <p>Bounce a ball five times with one hand and then the other.</p>  <input type="checkbox"/>      | <p>Guess how many spoonfuls of rice it takes to fill a glass. Try it.</p>  <input type="checkbox"/>                      |
| <p>Draw a picture of what you want to be when you grow up.</p>  <input type="checkbox"/> | <p>Have someone read you a story. Change the ending.</p> <input type="checkbox"/>     | <p>Write your name five times, each time with a different crayon.</p>  <input type="checkbox"/> | <p>Write the numbers from 15 to 30.</p> <input type="checkbox"/>  | <p>Put a handful of toothpicks or pennies into groups of ten. How many groups do you have?</p>  <input type="checkbox"/> |
| <p>Write your phone number.</p> <input type="checkbox"/>  | <p>Say the sound of each letter in the alphabet.</p> <input type="checkbox"/>         | <p>Read a book to a family member by describing the pictures.</p>  <input type="checkbox"/>     | <p>Measure the people in your family. Who is the tallest? Shortest?</p>  <input type="checkbox"/> | <p>Fill a tray with sand or rice. With your finger, write the numbers from 1 to 10 in the tray.</p> <input type="checkbox"/>  |
| <p>Draw a picture of what you and your best friend like to do together.</p> <input type="checkbox"/>  | <p>Find all the square shapes in one room of your house.</p> <input type="checkbox"/> | <p>Draw a picture of your favorite animal.</p>  <input type="checkbox"/>                        | <p>Fill a cup half-full with water.</p>  <input type="checkbox"/>                                 | <p>Name ten things bigger than a car.</p>  <input type="checkbox"/>  |



# April Response Journal

Help your child dictate responses as you write them down. Turn in this journal along with the calendar on the last school day of April.

## Child

1. My favorite activity was \_\_\_\_\_.

I liked it because \_\_\_\_\_.

2. One activity I needed help with was \_\_\_\_\_.

3. I learned \_\_\_\_\_.



## Parent

1. I learned \_\_\_\_\_.

2. The activity I most enjoyed doing with my child was \_\_\_\_\_.

3. The activity I helped my child with most was \_\_\_\_\_.



Parent's Signature \_\_\_\_\_