



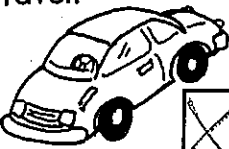

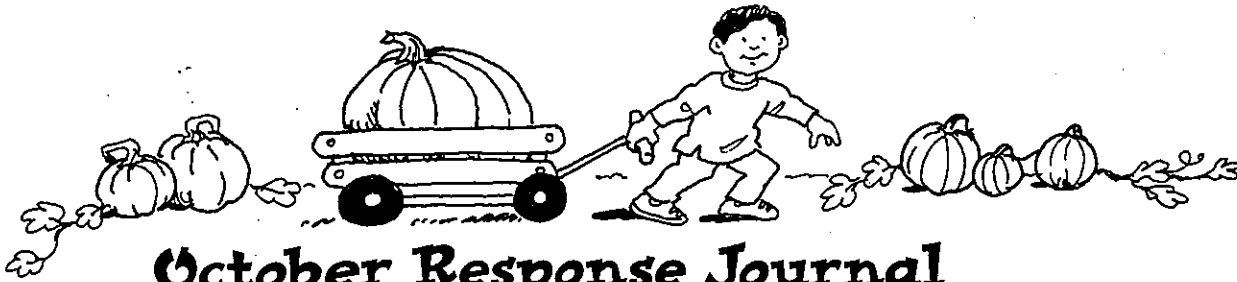


Choose at least 2 activities to complete each week. Check the box in the lower right corner of each calendar square as your child completes the activity. Turn in the calendar and the response journal on the last school day of October. *X = definitely do!*

 <h1 style="font-size: 2em; margin: 0;">October</h1> 				
Monday	Tuesday	Wednesday	Thursday	Friday
If you could be an animal, what would you be and why?  <input checked="" type="checkbox"/>	Make up a story about a scary pumpkin patch. <input type="checkbox"/>	Tell the story to your family.  <input checked="" type="checkbox"/>	Write the name of a grandparent. <input checked="" type="checkbox"/>	Recite the nursery rhyme "Little Miss Muffet." Would you have run away? <input checked="" type="checkbox"/>
Do something special for someone in your family. <input type="checkbox"/>	List ten things in your classroom. <input checked="" type="checkbox"/>	Using a string, measure around a pumpkin and then around your waist. Which is bigger? <input type="checkbox"/>	Do ten jumping jacks, ten sit-ups, and ten knee bends. <input type="checkbox"/>	Have someone read a story to you. Predict how it will end before the last page. <input checked="" type="checkbox"/>
Finish this sentence: <i>I like fall because . . .</i> <input type="checkbox"/>	Hold ten pennies in one hand and ten rice grains in the other. Which weighs more? <input type="checkbox"/>	Dry out some pumpkin seeds. Glue the seeds to paper to make a picture. <input type="checkbox"/>	Draw a picture with a pumpkin, a bat, and the moon in it. <input type="checkbox"/>	Say the sounds for letters A to M. <input checked="" type="checkbox"/>
Have someone read a story to you. Tell what you would do if you were in the story. <input type="checkbox"/>	Tell someone five ways people can travel.  <input checked="" type="checkbox"/>	Name ten words that start with P. <input checked="" type="checkbox"/>	Count your steps from the kitchen to the front door. Have an adult do the same. Who took more steps? <input type="checkbox"/>	Draw a picture of yourself in a favorite costume.  <input type="checkbox"/>
Say the names of all the people in your family. <input checked="" type="checkbox"/>	Which melts faster, an ice cube or a scoop of ice cream? Try it! <input type="checkbox"/>	Write the alphabet in lowercase letters. <i>abc def</i> <input checked="" type="checkbox"/>	Name all the words you can that rhyme with bat. <input checked="" type="checkbox"/>	Tell three safety tips for trick-or-treating on Halloween. <input type="checkbox"/>



October 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 October.

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 _____