DAILY 5
Check-In

NAME	MONDAY					TUESDAY					WEDNESDAY					THURSDAY					FRIDAY				
	Read to Self	Work on Writing	Read to Someone	Word Work	Listen to Reading	Read to Self	Work on Writing	Read to Someone	Word Work	Listen to Reading	Read to Self	Work on Writing	Read to Someone	Word Work	Listen to Reading	Read to Self	Work on Writing	Read to Someone	Word Work	Listen to Reading	Read to Self	Work on Writing	Read to Someone	Word Work	Listen to Reading

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