

Family Partnership Charter School K-8 Learning Log

Student Name:	Grade:			Advisor:	
Dates	Monday	Tuesday	Wednesday	Thursday	Friday
Subject: Language Arts					
Subject: Reading					
Subject: Math					
Subject: Science/ Health					
Subject: Social Studies					
Subject: Arts/P.E. Other					

I certify that this report is a true and accurate record of work completed for _____ of _____ apportioned school days. Learning Period # _____

The signatures below serve as verification that this student has made adequate progress toward his/her ILP Goals.

Advisor Signature: _____ Parent Signature: _____ Date: _____