

Student Name: _____

Directions:

1. Choose one activity from each letter in LEARN.
2. Color in the boxes for the activities that you have chosen and completed.
3. Return this sheet to school during our next school day with a parent/guardian signature.

Flex-Learning Day

L	E	A	R	N
Read a book to a pet	Ask a parent if you can count the change in their pocket	Make a craft with an adult	Write 3 *grade level appropriate* sentences about your favorite food	Jog in place for 2 minutes
Read to someone for 20 minutes	Write numbers from 0 to as high as you can go	Dance/sing to your favorite song	Practice writing your first and last name in your best handwriting	Do 20 mountain climbers
Practice your high frequency words	Using cards or dice practice adding/subtracting	Build something out of legos or blocks	Draw a picture of something you read in column L	Play a game of tag with the neighbor kids
Have someone read to you for 20 minutes	Write your own story problem and solve it	Draw a picture of your favorite animal	Write 3 details about your favorite animal	Do 30 jumping jacks
Choose your favorite book from home. Get a piece of paper and tally all of the high frequency words you find	Count out loud from 0 to as high as you can go to another person	Color a picture from a coloring book	Write a note/picture to someone special in your family	Jump rope for 1 minute

Parent/Guardian Signature: _____

Completing and returning this sheet will determine your child's presence or absence during this Flex-Learning Day.