



# Nottingham West Elementary

## Online Studies Extra Credit

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please check off completed assignments in the appropriate column

	<b>Everyday Math</b> 30 minutes	<b>Spelling City</b> 20 minutes	<b>Pearson</b> 20 minutes	<b>Free Read</b> 20 minutes
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				

Parent Signature: \_\_\_\_\_