

9	MONDAY		3/31
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9	THURSDAY		4/3
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9	WEDNESDAY		4/2
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9	TUESDAY		4/1
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9	FRIDAY		4/4
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>

9	TUESDAY		4/8
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></div>

9	<b>MONDAY</b>		<b>4/7</b>
10	<b>READING</b>		
11			
12			
1			
2			
3			
4			
5			
<b>WRITING</b>		<b>HOUSEHOLD</b>	<b>OTHER</b>

<b>SATURDAY</b>	<b>SUNDAY</b>	<b>SAT/SUN</b>	<b>4/5-6</b>
8			
9		<b>READING</b>	
10			
11			
12			
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
<b>WRITING</b>		<b>HOUSEHOLD</b>	<b>OTHER</b>



9	FRIDAY		4/11
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

9	THURSDAY		4/10
10	READING		
11			
12			
1			
2			
3			
4			
5			
WRITING		HOUSEHOLD	OTHER
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

