



Printing Like a Pro!



HOME PRACTICE CHART

CHILD'S NAME: _____ MONTH: _____

LETTER GROUPS – Mark an **x** for which group(s) is being worked on this month:

| | |
|--|---|
| Level I Worksheets Sets: Lower Case Letters <input type="checkbox"/> Downers (lower case) <input type="checkbox"/> Rounders (lower case) <input type="checkbox"/> Curvers (lower case) <input type="checkbox"/> Diggers (lower case) <input type="checkbox"/> Sliders (lower case) | Level II Worksheets Sets: <input type="checkbox"/> Letter Group Review and Words <input type="checkbox"/> Sight Word Sentences Skill Boosting Worksheet Sets: <input type="checkbox"/> Upper Case Letters <input type="checkbox"/> Numbers <input type="checkbox"/> Days of the Week <input type="checkbox"/> Months of the Year |
|--|---|

| Week | Sun | Mon | Tues | Weds | Thurs | Fri | Sat | Total Weekly Minutes | Total # of Sessions |
|------|-----|-----|------|------|-------|-----|-----|----------------------|---------------------|
| 1 | | | | | | | | | /7 |
| 2 | | | | | | | | | /7 |
| 3 | | | | | | | | | /7 |
| 4 | | | | | | | | | /7 |
| 5 | | | | | | | | | /7 |

Remember:

- Aim for **3 – 5 times per week** (try to have a regular schedule).
- Each practice should be **20 minutes long**.
- Please **list on the chart** above **how many minutes** were spent on each practice.
- **Practices should be supervised**, especially for encouraging the child to:
 - Use “self-talk”
 - Attend to “visual cues” (letters with numbered arrows)
 - Do “self-evaluation”