



## All About My Week

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

This week, the activity I enjoyed most was:

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This week, I spent a lot of time playing with:

<input type="checkbox"/> art materials	<input type="checkbox"/> books	<input type="checkbox"/> toy vehicles
<input type="checkbox"/> sand	<input type="checkbox"/> water	<input type="checkbox"/> puzzles
<input type="checkbox"/> blocks	<input type="checkbox"/> riding toys	<input type="checkbox"/> toy/plush animals
<input type="checkbox"/> play food	<input type="checkbox"/> dolls	<input type="checkbox"/> dress-up clothes
<input type="checkbox"/> playsets	<input type="checkbox"/> balls	<input type="checkbox"/> playdough
<input type="checkbox"/> other _____		

I am trying very hard to learn how to:

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I am getting very good at:

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