

After School Lesson Plan/Schedule

Community Center King Kennedy Community Center

Student Name _____

Dates	Monday	Tuesday	Wednesday	Thursday	Friday
	Arrival		Arrival		Arrival
	Snack		Snack		Snack
	Daily Homework or Make Up Work		Daily Homework or Make Up Work		Daily Homework or Make Up Work
	Individual Session (If necessary)		Individual Session (If necessary)		Individual Session (If necessary)
	Teacher's Requested Activity		Teacher's Requested Activity		Physical Activity