

# After School Lesson Plan/Schedule

Community Center    Skeels-Mathews Community Center

Student Name \_\_\_\_\_

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