



October Response Journal

Help your child complete this page. Turn in this journal along with the calendar on the last school day of October.

Student

1. My favorite activity was _____.

I liked it because _____.

_____.

2. One activity I needed help with was _____.

_____.

3. I learned _____.

_____.



Parent

1. I learned _____.

2. The activity I most enjoyed doing with my child was _____.

_____.

3. The activity I helped my child with most was _____.

_____.



Parent's Signature _____