

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

## Student Weekly Schedule Sheet

This sheet should be filled out by the **STUDENT** each school semester. Each block represents one hour of time. Fill in your classes and mandatory activities first, then identify blocks of time for studying. All students should **STUDY 2 hours/day minimum**. If you finish your homework, then you should do extra problems to master the material or read ahead to prepare for the next day of school.

Name of School: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Semester: **FALL** **SPRING**

		Time																
Day	6 AM	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11 PM
Monday																		
Tuesday																		
Wednesday																		
Thursday																		
Friday																		
Saturday																		
Sunday																		