

Sheet1

NAME	Did you finish The reading  <b>YES/NO</b>	09/22/15	09/23/15	09/24/15
09/27/15	09/28/15	09/29/15	09/30/15	10/01/15
10/04/15	10/05/15	10/06/15	10/07/15	10/08/15
10/11/15	10/12/15	10/13/15	10/14/15	10/15/15
10/18/15	10/19/15	10/20/15	10/21/15	10/22/15
10/25/15	10/26/15	10/27/15	10/28/15	10/29/15

09/25/15	09/26/15
10/02/15	10/03/15
10/09/15	10/10/15
10/16/15	10/17/15
10/23/15	10/24/15
10/30/15	10/31/15