



# LEIGHLAND CHRISTIAN SCHOOL

## LEARNING GOALS TERM 2 – 2020

Student Name: \_\_\_\_\_ Learning@Home week: \_\_\_\_\_

<b>ENGLISH</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>MATHS</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>SCIENCE</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>HASS</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<b>THE ARTS</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>TECHNOLOGIES</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>HPE</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>LANGUAGES</b> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Place of Attendance	<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/> Home <input type="checkbox"/> School	<input type="checkbox"/> Home <input type="checkbox"/> School

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_