Activity Page

| Name:  | 7 7 |
|--|-----|
| Date:  | +.3 |
| Planning   |     |
| In the space below, type as many things as possible that people do throughout the school day. Make sure to have at least ten items o list. |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |
|  |     |