

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

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

Time: \_\_\_\_ : \_\_\_\_ - \_\_\_\_ : \_\_\_\_

# Label the Class

TEACHER, CALENDER, BOOK, DESK, BOARD, BAG

Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

