



# SHREE VASISHTHA VIDHYALAYA, VAV.

## STUDY TASK TRACKER FEBRUARY - 2026

Students Name: \_\_\_\_\_ Std : \_\_\_\_\_ Div :- \_\_\_\_\_

### FIRST WEEK - 1<sup>th</sup> to 7<sup>th</sup> FEBRUARY

Day	Daily Homework's Time	Time to Prepare For The Weekly Test	Extra reading time	Parents' sign
Monday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Tuesday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Wednesday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Thursday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Friday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Saturday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Sunday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	

Parents' Name: \_\_\_\_\_ sign: \_\_\_\_\_ Teacher sign: \_\_\_\_\_

### SECONDS WEEK - 8<sup>th</sup> to 14<sup>th</sup> FEBRUARY

Day	Daily Homework's Time	Time to Prepare For The Weekly Test	Extra reading time	Parents' sign
Monday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Tuesday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Wednesday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Thursday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Friday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Saturday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	
Sunday	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	Time: _____ to _____ Work Completed - YES / NO	

Parents' Name: \_\_\_\_\_ sign: \_\_\_\_\_ Teacher sign: \_\_\_\_\_

**THIRD WEEK - 15<sup>th</sup> to 21<sup>th</sup> FEBRUARY**

Day	Daily Homework's Time	Time to Prepare For The Weekly Test	Extra reading time	Parents' sign
Monday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Tuesday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Wednesday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Thursday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Friday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Saturday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Sunday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	

Parents' Name: \_\_\_\_\_ sign: \_\_\_\_\_ Teacher sign: \_\_\_\_\_

**FORTH WEEK - 22<sup>th</sup> to 28<sup>th</sup> FEBRUARY**

Day	Daily Homework's Time	Time to Prepare For The Weekly Test	Extra reading time	Parents' sign
Monday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Tuesday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Wednesday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Thursday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Friday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Saturday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	
Sunday	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	Time: _____ to _____ Work Completed – YES / NO	

Parents' Name: \_\_\_\_\_ sign: \_\_\_\_\_ Teacher sign: \_\_\_\_\_