

THE
LISTENING PROGRAM®

LEVEL ONE KIT
INDIVIDUALIZED SCHEDULE LISTENING LOG

Name: _____

Cycle #: _____

Person Recording: _____

Write schedule here.

SCHEDULE – To be determined by your Provider.

	Date	Day	Time(s)	CD Tracks	Notes
Week 1		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 2		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 3		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 4		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			

LEVEL ONE KIT
INDIVIDUALIZED SCHEDULE LISTENING LOG

Name: _____

	Date	Day	Time(s)	CD Tracks	Notes
Week 5		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 6		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 7		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 8		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 9		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 10		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			

LEVEL ONE KIT
 INDIVIDUALIZED SCHEDULE LISTENING LOG

Name: _____

	Date	Day	Time(s)	CD Tracks	Notes
Week 11		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 12		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 13		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 14		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 15		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 16		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			

LEVEL ONE KIT
INDIVIDUALIZED SCHEDULE LISTENING LOG

Name: _____

	Date	Day	Time(s)	CD Tracks	Notes
Week 17		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 18		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 19		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			
Week 20		Monday			
		Tuesday			
		Wednesday			
		Thursday			
		Friday			