

THE  
**LISTENING PROGRAM®**

**LEVEL ONE KIT  
PREPARATORY SCHEDULE LISTENING LOG**

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

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  
PREPARATORY 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			