



Name _____

January

Parent
Signature

Name of Book

Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

READING MINUTES

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
# of minutes read							

Try to read at least 20 minutes each day!

Parent Signature _____

Student Signature _____

Keeping track of the minutes you read is your contribution to our class's participation in the School Reading Challenge. Try to read every night!! The more you read - the better you read!!