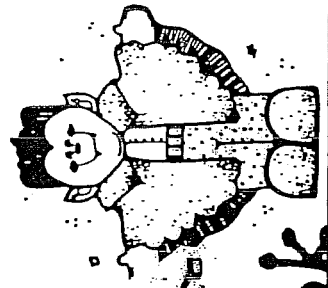




# OCTOBER

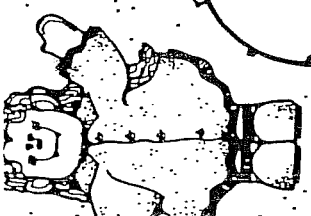
Name \_\_\_\_\_

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!!