



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

# December 2024

Shade a book for every 5 minutes read. At the end of the month put total minutes at bottom of sheet, sign, and date.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1     	2     	3     	4     	5     	6     	7     
8     	9     	10     	11     	12     	13     	14     
15     	16     	17     	18     	19     	20     	21     
22     	23     	24     	25     	26     	27     	28     
29     	30     	31     				

Parent Signature: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Date: \_\_\_\_\_ Total Minutes of Reading: \_\_\_\_\_