



Student Name: _____

January 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: _____