



Student Name: _____

March 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
31 					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 

Parent Signature: _____ Homeroom: _____ Date: _____ Total Minutes of Reading: _____