**Student Name:**_____

# May 2025

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: _____