

Student Name:	

October 2023

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:	
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