



Student Name: _____

October 2019

Enter the minutes read for each date and at the end of the month enter the total minutes at the bottom of the 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: _____