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# October 2019

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: \_\_\_\_\_