

Reading Calendar For _____ (Month and Year)



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						

Students Name: _____ Grade: _____

Teacher: _____ Total Minutes Read: _____

Parents Signature: _____

****PLEASE TURN IN BY THE 7TH OF THE FOLLOWING MONTH TO THE LIBRARY OR TEACHER****MUST READ A MINIMUM OF 200 MINUTES TO RECEIVE MONTHLY REWARD****