Reading Record

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Minutes Read

|  |  |
| --- | --- |
| Mon. |  |
| Tues. |  |
| Wed. |  |
| Thurs. |  |
| Fri. |  |
| Sat. |  |
| Sun. |  |

Total Time Read: \_\_\_\_\_\_\_\_\_

The minimum required reading minutes at this time is 10 minutes for 5 nights, or 50 minutes per week. Please record the minutes and sign in the designated area. Return the completed sheet to school each Monday morning. Thanks!