

Reading Record Sheet

Student Name _____ Teacher _____ Grade _____

Parents Name(s) _____ Phone _____

My goal is to read _____ minutes in 15 days!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				Feb. 4 FAMILY READING NIGHT KICKOFF	Feb. 5 <i>Reading Time:</i>	Feb. 6 <i>Reading Time:</i>
Feb. 7 <i>Reading Time:</i>	Feb. 8 <i>Reading Time:</i>	Feb. 9 <i>Reading Time:</i>	Feb. 10 <i>Reading Time:</i>	Feb. 11 <i>Reading Time:</i>	Feb. 12 <i>Reading Time:</i>	Feb. 13 <i>Reading Time:</i>
Feb. 14 <i>Reading Time:</i>	Feb. 15 <i>Reading Time:</i>	Feb. 16 <i>Reading Time:</i>	Feb. 17 <i>Reading Time:</i>	Feb. 18 <i>Reading Time:</i>	Feb. 19 <i>Reading Time:</i>	

Suggested Reading Goal:

Age Group	Minutes Per Day
3-6	20
6-9	30
9-12	40

Actual Reading Time: _____ minutes in 15 days!

Parent Signature: _____

