

My Reading Log

Name : _____

Please read with your child or have your child read silently for 25 minutes 5 days a week. Please sign and send in the first school day of the next month. Please list the number of minutes and the name of the book on the calendar throughout the month. Please sign and date at the bottom.

| 2021 OCTOBER | | | | | | |
|--------------|--------|---------|-----------|----------|--------|----------|
| 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 | | | | | | |

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Goal : 500 Minutes

Signature: _____

Date: _____

My Reading Log

Name : _____

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| 2021 NOVEMBER | | | | | | |
|----------------------|--------|---------|-----------|----------|--------|----------|
| 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 | | | | |

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