

Name _____

My Calendar Reading

Please turn in the first school day of next month.

Date	Title of Book	Number of Pages Read	Time Started	Time Ended	Total Minutes

Parent Signature:			Total Minutes Read This Month:		

Books I Completed This Month

Please turn in the first school day of next month. Aim to complete at least two chapter books each month!

Date Completed	Title of <u>Completed</u> Book	Author	Total Pages