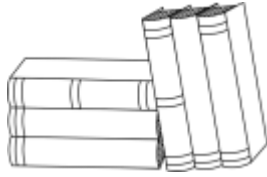


Name: _____

Week of: _____



My Weekly Reading Calendar

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
I read for _____ minutes today	I read for _____ minutes today	I read for _____ minutes today	I read for _____ minutes today	I read for _____ minutes today	I read for _____ minutes today	I read for _____ minutes today
I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult	I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult	I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult	I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult	I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult	I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult	I read <input type="checkbox"/> by myself <input type="checkbox"/> with a pal <input type="checkbox"/> with an adult
Book title:	Book title:	Book title:	Book title:	Book title:	Book title:	Book title:

Parent's signature: _____

See back →