

Please use the form below to RECORD how many minutes your child read *outside of school* each day.

AUGUST 2019

Friday 9th	
Saturday 10th	
Sunday 11th	
Monday 12th	
Tuesday 13th	
Wednesday 14th	
Thursday 15th	
Friday 16th	
Saturday 17th	
Sunday 18th	
TOTAL MINUTES READ:	

STUDENT'S
NAME: _____

TEACHER: _____