

Student Name \_\_\_\_\_

# Reading At Home!

Students should read, or be read to, at LEAST 15 minutes every day!

Please return this form on FRIDAY for credit.

Date	Minutes
Mon. _____	
Tues. _____	
Wed. _____	
Thurs. _____	
more _____	

Adult Signature \_\_\_\_\_

Total minutes \_\_\_\_\_