|  |  |
| --- | --- |
| October  STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Record the number of minutes you read each day. Total your minutes, have your parent sign, and turn this calendar in for a treat ☺ | 2014 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  | 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 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| ALL TOGETHER THIS MONTH I READ \_\_\_\_\_\_ MINUTES!Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |