


# MINUTE RECORDING SHEET

Student Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

MY GOAL IS TO READ \_\_\_\_\_ MINUTES IN 29 DAYS!

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					FEB. 1 READING TIME:	FEB. 2 READING TIME:
FEB. 3 READING TIME:	FEB. 4 READING TIME:	FEB. 5 READING TIME:	FEB. 6 READING TIME:	FEB. 7 READING TIME:	FEB. 8 READING TIME:	FEB. 9 READING TIME:
FEB. 10 READING TIME:	FEB. 11 READING TIME:	FEB. 12 READING TIME:	FEB. 13 READING TIME:	FEB. 14 READING TIME:	FEB. 15 READING TIME:	FEB. 16 READING TIME:
FEB. 17 READING TIME:	FEB. 18 READING TIME:	FEB. 19 READING TIME:	FEB. 20 READING TIME:	FEB. 21 READING TIME:	FEB. 22 READING TIME:	FEB. 23 READING TIME:
FEB. 24 READING TIME:	FEB. 25 READING TIME:	FEB. 26 READING TIME:	FEB. 27 READING TIME:	FEB. 28 READING TIME:	MARCH 1 READING TIME:	

ACTUAL READING TIME: \_\_\_\_\_ MINUTES IN 29 DAYS!

PARENT SIGNATURE: \_\_\_\_\_