



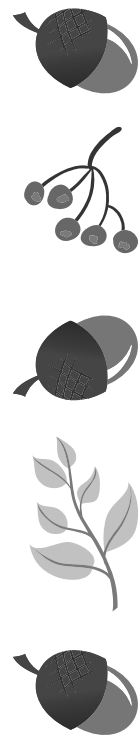
OCTOBER 2018

Reading Log

Student Name: _____
Teacher: _____ Grade: _____

Color in the days that you read for 20 minutes at home. Return this calendar to the teacher when the month is finished.

SUN	MON	TUE	WED	THU	FRI	SAT
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			



Student signature _____ Parent signature _____



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