

May Reading 2017

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: _____

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 ☺