

READING TRACKER

Month/Year:	Child's Name:		Grade:	
Teacher:	Sch	ool:		
DATE	NAME OF BOOK	MINUTES	PARENT SIGNATUR	E
	Y			
			<i></i>	
	TOTAL MINUTES READ	ç		



Once you have read 400 minutes in the month indicated above, return your tracker to your teacher to receive the coupon to receive a FREE BUNDTLET!