



Student	's	Name	
---------	----	------	--

Sun	Mon	Tue	Wed	Thur	Fri	Sat
Level:	Level:	Level:	Level:	Level:	Level:	I read minutes this week.
Level:	Level:	Level:	Level:	Level:	Level:	I read minutes this week
Level:	Level:	Level:	Level:	Level:	Level:	I read minutes this week
Level:	Level:	Level:	Level:	Level:	Level:	I read minutes this week
Level:	Level:	Level:	Level:	Level:	Level:	I read minutes this week

Parent	signature	Student signature		Total minutes
--------	-----------	-------------------	--	---------------