

Student Name: _____

Week of: _____

Adventurers

_____/____/____ to ____/____/____

I Love to Read Record

I read aloud:

Friday	Saturday	Sunday	Monday	Tuesday	Wednes- day	Thursday	TOTAL

I read silently:

Friday	Saturday	Sunday	Monday	Tuesday	Wednes- day	Thursday	TOTAL

I listened to someone read to me:

Friday	Saturday	Sunday	Monday	Tuesday	Wednes- day	Thursday	TOTAL

PLEASE RETURN THIS FORM EACH FRIDAY!

GRAND TOTAL