

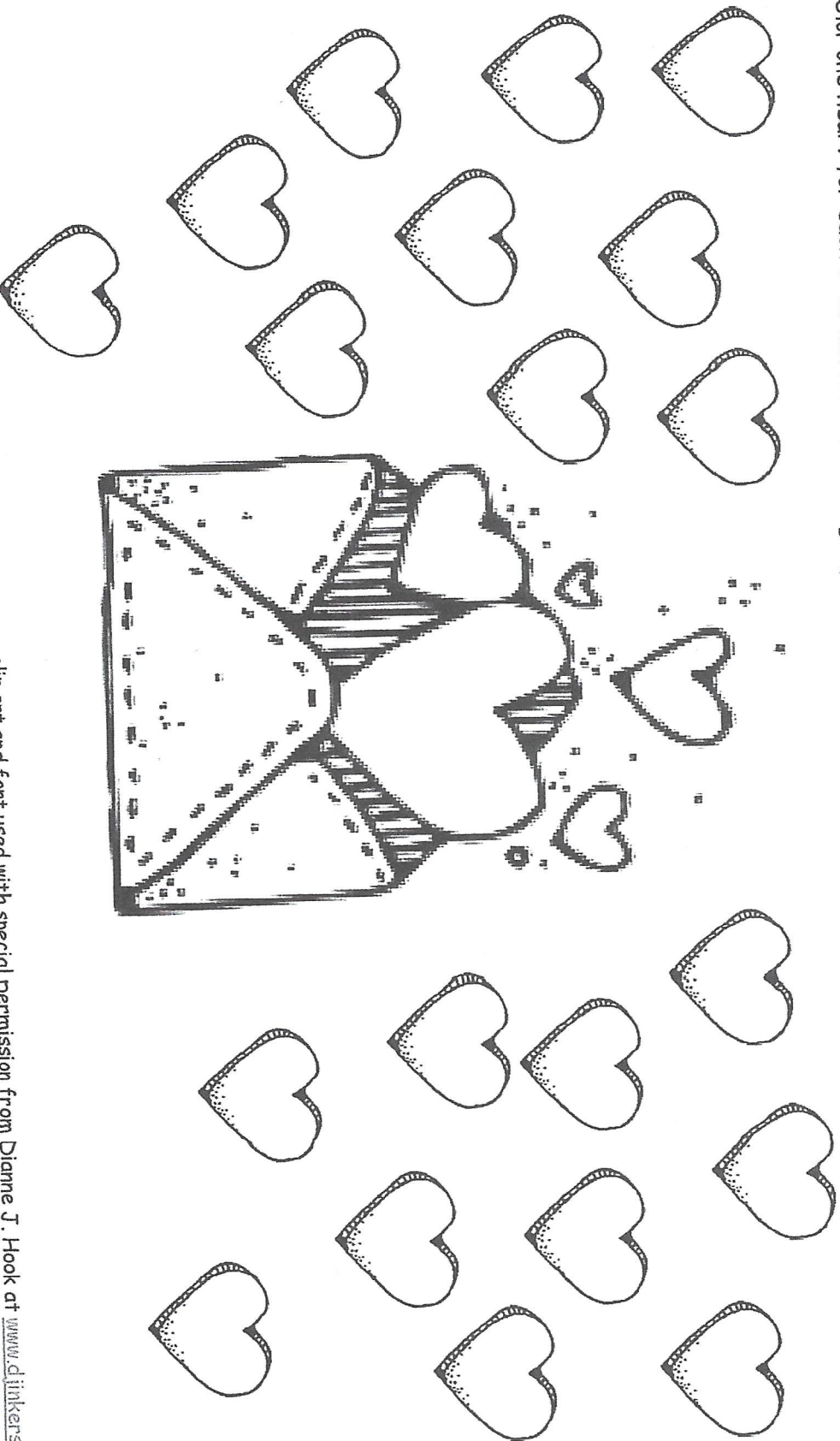
Nightly Reading Record Sheet

FOUR DAYS

Student's signature _____

Parent's signature _____

Color one heart for each 5-10 minutes of reading. Return the completed sheet by the end of the month.



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