

Mrs. Barwin's Home Reading Program



Month _____

Parents: Please monitor the number of minutes your child spends each day engaged in any reading activity (i.e. oral reading, being read to, silent reading, functional or purposeful reading) which is not a school homework assignment.

In order to become fluent readers, students need lots of practice. Please encourage your child to read approximately 15 minutes daily in order to meet our classroom reading goal of 400 minutes per month. Please return this form at the end of each month.

| Date | Amount of Reading Time (minutes) | Parent's Initials | Date | Amount of Reading Time (minutes) | Parent's Initials |
|------|----------------------------------|-------------------|------|----------------------------------|-------------------|
| 1 | | | 17 | | |
| 2 | | | 18 | | |
| 3 | | | 19 | | |
| 4 | | | 20 | | |
| 5 | | | 21 | | |
| 6 | | | 22 | | |
| 7 | | | 23 | | |
| 8 | | | 24 | | |
| 9 | | | 25 | | |
| 10 | | | 26 | | |
| 11 | | | 27 | | |
| 12 | | | 28 | | |
| 13 | | | 29 | | |
| 14 | | | 30 | | |
| 15 | | | 31 | | |
| 16 | | | | | |

Student's Name _____

This month my child has read for a total of _____ minutes.

Parent Signature _____