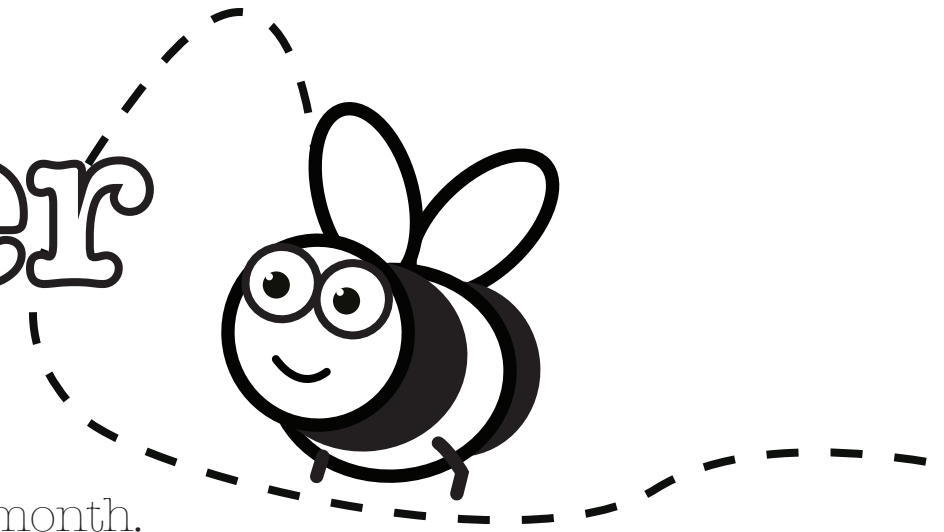


Nightly Reading Record Sheet

# September



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

Student's signature \_\_\_\_\_

Parent's signature \_\_\_\_\_

