Student Name:	Teacher:
	<del></del>

Parent Signature (sign only if complete):

Read a Magazine	Råådin thå Båthtub	Pead a Poem	Read a comic Book	Read to Someone Who Can't Read
Read Your Favorite Picture Book	Read a Newpaper	READ ON THE PLAYGROUND	Read a Book about a Famous African American for Black History Month	READ A BOOK ABOUT WEATHER
Read for 1 Hour	Řead a Dr. Seuss Book	FREE SPACE	Read at Lunch in the Cafeteria	Take Turns Reading a Book Page by Page with a Friend, Sibling or Parent
Read Under the Dining Room on Kitchen Table	Read a Book About Space or Science	Read an Article Online or an E-book.	Read In Bed	Read for 30 Minutes
read the comics from the newspaper	Read While Having Your Breakfast	Read a Book or Article about Sports or an Athlete	READ A PICTURE  BOOK YOU'VE  NEVER READ  BEFORE	Read a Folktale or Fairytale

<sup>\*</sup>Parent or Teacher initials required for completed boxes.