



Calendar Tally Sheet

Name: _____ Grade: _____

School: _____

My Daily Reading Goal: _____ Minutes/Day

Directions: Enter your daily reading minutes on the calendar below. Add up your total weekly minutes at the end of each week.

Then, total your reading minutes for the month at the bottom of the page. **Return this form to your classroom teacher during the week of November 1-5.** Thank you for your participation!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Weekly Minutes	Adult Signature
					Oct. 1 Min.____	Oct. 2 Min.____		
Oct. 3 Min.____	Oct. 4 Min.____	Oct. 5 Min.____	Oct. 6 Min.____	Oct. 7 Min.____	Oct. 8 Min.____	Oct. 9 Min.____		
Oct. 10 Min.____	Oct. 11 Min.____	Oct. 12 Min.____	Oct. 13 Min.____	Oct. 14 Min.____	Oct. 15 Min.____	Oct. 16 Min.____		
Oct. 17 Min.____	Oct. 18 Min.____	Oct. 19 Min.____	Oct. 20 Min.____	Oct. 21 Min.____	Oct. 22 Min.____	Oct. 23 Min.____		
Oct. 24 Min.____	Oct. 25 Min.____	Oct. 26 Min.____	Oct. 27 Min.____	Oct. 28 Min.____	Oct. 29 Min.____	Oct. 30 Min.____		
Oct. 31 Min.____								

Total home reading minutes for October: _____