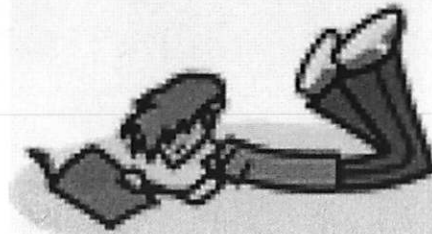Nom: Bob

janvier

Parent(s):

Please sign your name on the calendar for every day that your child reads.
Students will submit their reading calendar EVERY TUESDAY for verification.

This column is for the teacher to ↓ complete.

mardi Tuesday	mercredi Wednesday	jeudi Thursday	vendredi Friday	samedi Saturday	dimanche Sunday	lundi Monday	Number of 15 minute reading sessions
2	3 SR	4 SR	5	6 JW x2	7	8 JW	5 AK
9 JW x2	10	11 SR	12 WB	13 SR	14	15	5 AK
16 JW x2	17 SR x2	18	19 WB	20 SR	21	22 SR	7 AK
23 JW	24	25 SR	26	27 JW x2	28	29 SR	5 AK