

Home Reading Record

Name _____

Date _____

Book Titles _____

List additional books on the back if necessary

RECORD THE NUMBER OF MINUTES READ AND INITIAL.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL	INITIAL
TIME	TIME	TIME	TIME	TIME	TIME	TIME

THIS RECORD WILL BECOME PART OF EACH TRI-MESTER'S READING GRADE. PLEASE RETURN THIS FORM EVERY FRIDAY

Mrs. Thoeny

Home Reading Record

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Date _____

Book Titles _____

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Mrs. Thoeny

Grading Chart for Home Reading

6-7 days of reading = A

4-5 days of reading = B

2-3 days of reading = C

1 day of reading = D

0 days of reading = F

On nights when your child has “reading homework” in other subjects, this can count as reading time as long as they are reading out loud to someone in the home. It is important that someone listen while your child reads, oral reading helps build understanding, accuracy, and fluency.

Thank you

Mrs. Thoeny

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