



# October

2014

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: \_\_\_\_\_

Reading Goal: \_\_\_\_\_

Total Minutes Read: \_\_\_\_\_

Parent Signature: \_\_\_\_\_