

READING TRACKER

Month/Year:	Child's Name:		Grade:
Teacher:	School:		
DATE	NAME OF BOOK	MINUTES	PARENT SIGNATURE
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			Ull
		(AGE)	
	TOTAL MINUTES READ:		

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A Youth Reading Program by

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Once you have read for 400 minutes this month, bring your tracker to the bakery for a FREE BUNDTLET!

