

# October Reading Calendar

PLEASE COLOR IN A DAY THAT YOUR CHILD COMPLETED \_\_\_\_ READING MINUTES! OUR GOAL FOR OCTOBER IS \_\_\_\_ DAYS! PARENTS: PLEASE SIGN THE BOTTOM WHEN COMPLETED! DUE DATE: \_\_\_\_\_



Teacher Use Only:  
Score: \_\_\_\_\_

NAME: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_