

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

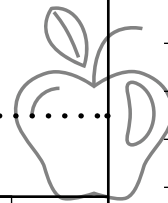
Saturday

Month \_\_\_\_\_



Books I Read:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Directions: Record the number of minutes you spend reading each day above the dotted line. Record the number of steps you take below the dotted line.

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Teacher or Parent/Guardian Signature

