

### -Rox 2017 Reading Program Calendar-

**WEEK #1 -- GOAL: 150 Minutes**

\*\*\*Please turn in calendar to classroom teacher on Monday, April 17\*\*\*  
\*\*Late Calendars will not be accepted\*\*

#### APRIL

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
10	11	12	13	14	15	16
Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =
_____	_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF MINUTES READ FOR WEEK #1: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



### -Rox 2017 Reading Program Calendar-

**WEEK #3 -- GOAL: 150 Minutes**

\*\*\*Please turn in calendar to classroom teacher on Monday, May 1\*\*\*  
\*\*Late Calendars will not be accepted\*\*

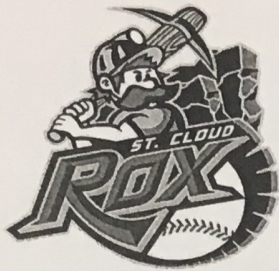
#### APRIL/MAY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
24	25	26	27	28	29	30
Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =
_____	_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF MINUTES READ FOR WEEK #3: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



**-Rox 2017 Reading Program Calendar-**

**WEEK #2 --- GOAL: 150 Minutes**

\*\*\*Please turn in calendar to classroom teacher on **Monday, April 24**\*\*\*  
 \*\*Late Calendars will not be accepted\*\*

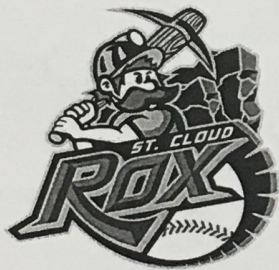
**APRIL**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
17	18	19	20	21	22	23
Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =
_____	_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF MINUTES READ FOR WEEK #2: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_



**-Rox 2017 Reading Program Calendar-**

**WEEK #4 --- GOAL: 150 Minutes**

\*\*\*Please turn in calendar to classroom teacher on **Monday, May 8**\*\*\*  
 \*\*Late Calendars will not be accepted\*\*

**May**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1	2	3	4	5	6	7
Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =	Number of Minutes Read =
_____	_____	_____	_____	_____	_____	_____

TOTAL NUMBER OF MINUTES READ FOR WEEK #4: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_