

**Broviak - Name** \_\_\_\_\_

**Broviak - Name** \_\_\_\_\_

**Period** \_\_\_\_ **Week of** \_\_\_\_\_

**Period** \_\_\_\_ **Week of** \_\_\_\_\_

	What was read?	Time spent reading
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	TOTAL MINUTES 70 NEEDED	

	What was read?	Time spent reading
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
	TOTAL MINUTES 70 NEEDED	

Extra Minutes	Divide by 20	Total B points

Extra Minutes	Divide by 20	Total B points

**Parent signature** \_\_\_\_\_

**Parent signature** \_\_\_\_\_

**Broviak - Name** \_\_\_\_\_

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**Parent signature** \_\_\_\_\_

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