



Student Last Name	Student First Name	Teacher	Grade

Read and Lead Recording Sheet

Sheet 5 "1000 Minutes"

(2000 student/adult minutes combined to date)

200 Student Reading Minutes			200 Adult/Mentor Reading Minutes		
<i>Date</i>	<i>Book Title(s)</i>	<i>No. Min.</i>	<i>Date</i>	<i>Book Title(s)</i>	<i>No. Min.</i>
TOTAL (Must EXACTLY equal 200)		200	TOTAL (Must EXACTLY equal 200)		200

Parent Signature *"form must be signed"*
 (Carry over extra minutes to next sheet!)

Please provide an email address/phone number in case we have questions on the sheet:

Email: _____

Phone Number: _____