



Student Last Name	Student First Name	Teacher	Grade

## Read and Lead Recording Sheet

### *Sheet 2 "400 Minutes"*

*(800 student/adult minutes combined to date)*

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

**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:** \_\_\_\_\_