

Nightly Reading Accountability Slips

Fill out, sign, cut, turn in

Name _____ # _____ Date _____	
Check the appropriate boxes. Sign your name in CURSIVE at the bottom of the slip. MONDAY	
Today I read for: <input type="checkbox"/> exactly 20 minutes <input type="checkbox"/> less than 20 minutes <input type="checkbox"/> greater than 20 minutes	The book I read was: <input type="checkbox"/> fiction <input type="checkbox"/> non-fiction <input type="checkbox"/> other
Student Signature: _____	

Name _____ # _____ Date _____	
Check the appropriate boxes. Sign your name in CURSIVE at the bottom of the slip. TUESDAY	
Today I read for: <input type="checkbox"/> exactly 20 minutes <input type="checkbox"/> less than 20 minutes <input type="checkbox"/> greater than 20 minutes	The book I read was: <input type="checkbox"/> fiction <input type="checkbox"/> non-fiction <input type="checkbox"/> other
Student Signature: _____	

Name _____ # _____ Date _____	
Check the appropriate boxes. Sign your name in CURSIVE at the bottom of the slip. WEDNESDAY	
Today I read for: <input type="checkbox"/> exactly 20 minutes <input type="checkbox"/> less than 20 minutes <input type="checkbox"/> greater than 20 minutes	The book I read was: <input type="checkbox"/> fiction <input type="checkbox"/> non-fiction <input type="checkbox"/> other
Student Signature: _____	

Name _____ # _____ Date _____	
Check the appropriate boxes. Sign your name in CURSIVE at the bottom of the slip. THURSDAY	
Today I read for: <input type="checkbox"/> exactly 20 minutes <input type="checkbox"/> less than 20 minutes <input type="checkbox"/> greater than 20 minutes	The book I read was: <input type="checkbox"/> fiction <input type="checkbox"/> non-fiction <input type="checkbox"/> other
Student Signature: _____	
