



FEED YOUR BRAIN[®]

Summer Reading Program

Reading Week of (date) _____

Sunday, I read for _____ minutes

Monday, I read for _____ minutes

Tuesday, I read for _____ minutes

Wednesday, I read for _____ minutes

Thursday, I read for _____ minutes

Friday, I read for _____ minutes

Saturday, I read for _____ minutes

___ Days and a total of _____ minutes



Once you've read 15 minutes a day for at least 5 days, ask your parents for your reading reward.

my name (please print) _____

age _____

grade (entering this fall) _____

Parent or Guardian Signature _____

Date Signed _____

email address (optional) _____

If email address is provided, you agree to join our email list. You may unsubscribe at anytime.