

# S.H.A.R.E. Calendar - (Students Having A Read-Aloud Experience)

**BORCHARDT ELEMENTARY**

Student's Name \_\_\_\_\_  
First & Last

Teacher Name \_\_\_\_\_

**January 2009**

Students need to sign each box in which 10 minutes of oral (aloud) reading/listening was completed for that day.



Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Parents need to sign to verify that the reading was done by the student.

\_\_\_\_\_ Total Days Read \_\_\_\_\_

**Parent's Signature**