

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

**BORCHARDT ELEMENTARY**

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

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

**March 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**