

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

BORCHARDT ELEMENTARY

Student's Name _____
First & Last

Teacher Name _____

November 2008

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	27	29
30		<p>Parents need to sign to verify that the reading was done by the student.</p> <p>Total Days Read _____</p>				

Parent's Signature _____