

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

BORCHARDT ELEMENTARY

Student's Name _____
First & Last

Teacher Name _____

October 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	28	29	30	31	

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

Total Days Read _____

Parent's Signature