Stor Stor Henewerk Henewerk

Circle the * by each completed activity and fill in the number of minutes you read. For more information, check your student's STAR folder.

Parents: Please remember to sign the bottom at the end of the week!

Monday	/
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- * Read for ____ minutes and completed my reading response.
- * Xtra Math
- * Reading Fluency Score: ____

Tuesday

- * Read for ____ minutes and completed my reading response.
- ★ Xtra Math
- * Reading Fluency Score: _____

Wednesday

- * Read for ____ minutes and completed my reading response.
- ★ Xtra Math
- * Reading Fluency Score: ____

Thursday

- * Read for ____ minutes and completed my reading response.
- ★ Xtra Math
- ★ Reading Fluency Score: _____

Student Name:
Week:
Parent Signature & Date:

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