



Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Month: \_\_\_\_\_

# Read Aloud

1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	

\*\*Please use the next page to record additional titles.

31		51	
32		52	
33		53	
34		54	
35		55	
36		56	
37		57	
38		58	
39		59	
40		60	
41		61	
42		62	
43		63	
44		64	
45		65	
46		66	
47		67	
48		68	
49		69	
50		70	