**“PICK A READING PARTNER”**

***Partner’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Please read with your child at least 20 minutes each day. It will make all the difference in the world!***

*Claiborne County Schools*

***Practice Makes Perfect…..***

APRIL 2020

 **Sun. Mon. Tues. Wed. Thurs. Fri. Sat.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **1** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **2** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **3** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **4** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No |
| **5** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **6** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **7** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **8** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **9** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **10** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **11** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No |
| **12** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **13** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **14** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **15** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **16** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **17** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **18** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No |
| **19** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **20** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **21** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **22** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **23** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **24** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **25** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No |
| **26** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **27** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **28** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **29** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No | **30** Achieved Goal:\_\_\_\_\_Yes\_\_\_\_\_No |  |  |