




# Ship's Log

## July, 2014

Please record the number of minutes your child reads each day, and check the box if they practiced their Moby Math. At the end of the month, please total, sign and return to your child's teacher.

Read  
Each  
And every  
Day!

Sun	Mon	Tue	Wed	Thu	Fri	Sat
Read for at least 20 minutes a day.		<b>1</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>2</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>3</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>4</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>5</b> <input type="checkbox"/> Moby Math Reading Min. _____
<b>6</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>7</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>8</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>9</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>10</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>11</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>12</b> <input type="checkbox"/> Moby Math Reading Min. _____
<b>13</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>14</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>15</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>16</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>17</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>18</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>19</b> <input type="checkbox"/> Moby Math Reading Min. _____
<b>20</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>21</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>22</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>23</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>24</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>25</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>26</b> <input type="checkbox"/> Moby Math Reading Min. _____
<b>27</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>28</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>29</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>30</b> <input type="checkbox"/> Moby Math Reading Min. _____	<b>31</b> <input type="checkbox"/> Moby Math Reading Min. _____		Catch the Reading Wave!!

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

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

Total Minutes Read:	<input type="text"/>
Parent Signature:	<input type="text"/>