



Bay Harbor
SAILORS

Ship's Log

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

Student Name: _____

Teacher Name: _____

Total Minutes Read:

Parent Signature: