



ORAL READING REGISTER

1. Read aloud.
2. The reading must be timed.
3. This activity must be daily at least 10 minutes.

Pupil's name: _____ Group _____ R.N. _____ Bimonthly Period: _____

DATE	TITLE	TIME	PARENTS SIGNATURE	TEACHER'S CHECK MARK
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

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TEMARIOS

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