

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 |
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| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

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