

NAME _____ STAFF INITIALS _____

ACTIVITIES—WEEK 3

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

CHOOSE AN ACTIVITY FROM
THE ACTIVITY CHECKLIST
WORKSHEET FOR EACH DAY.

WRITE THE NUMBER ON THE DAY THAT
YOU DID THE ACTIVITY.

YOU WILL RECEIVE 2 TICKETS FOR EACH
DAY COMPLETED.

NO REPEATS



JUNE/JULY

READING LOG ~ WEEK 3

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
27	28	29	30	1	2	3

I, (NAME) _____ WILL SET A READING
GOAL OF _____ FOR EVERY
DAY, JUNE 27 THROUGH JULY 3. PUT AN X ON THE DAY(S) AS YOU
ACCOMPLISH YOUR GOAL. ANY PRINTED ITEMS/MATERIALS COUNT FOR
READING. PLEASE MAKE GOAL AGE APPROPRIATE.

PARENT/GUARDIAN SIGNATURE _____