

Simplified Reading Practice Contract

Term: _____

What book(s) will you read this term that you have not read before? Include author's names and approximate number of pages for each book.

How will you prove you understood the books you read? (Respond with complete sentences.)

How will I know you were honest in your Reading Practice? (Respond with complete sentences.)

How many minutes, on average, will you read each day? _____

Student signature _____ **Date** _____

Parents: Please sign to indicate your acceptance of and agreement with what your student has written above. If you have any questions, please contact the teacher.

Parent signature _____ **Date** _____