

# 5<sup>th</sup> Grade READ-O! name\_\_\_\_\_

Upside down	While eating a healthy snack	Before going to bed	With a pet or stuffed animal	On the floor
In a Halloween costume	In a closet or fort	Outside by a tree	On the stairs	While eating dinner
In a cozy blanket on the couch	Under a desk or table	<b>FREE SPOT!</b>	To someone in your family	With a flashlight
Listening to music	In the kitchen	With a cold, refreshing drink	In a car or on the bus	To a child
Last thing at night	In a creative location: _____	While eating candy	At a family or friends house	On or under the bed

Fill out the reading log(on back) each time you read for 20 minutes or more AND cross out one read-o box on the other side for each entry. **Get 2 READOs** (5 boxes in a row) and turn in due **\_Nov. 14th\_**. \*\*\*\*Parent Signature\_\_\_\_\_\*\*\*\*

