

Name:	
Grade:	Room:

ATTENTION HOME COACHES: Please sign only if you *heard* or *saw* the student reading.

Step#	Title	Date	Pages	Level	Coach's Signature	Home
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Total # of Steps to date = This number divided by 4 = Total Hours of	Reading
Please indicate which Steps the reader read at home with an asterisk (*) in the "Home" colu	ımn.
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