

****Practice sight words through _____****

	Book Title Please read for at least 15 minutes each night. <small>Have your child write the book title in pencil...it is good practice! :)</small>	Parent's Initials
Monday		_____ <input type="checkbox"/> Sight Word Practice
Tuesday		_____ <input type="checkbox"/> Sight Word Practice
Wednesday		_____ <input type="checkbox"/> Sight Word Practice
Thursday		_____ <input type="checkbox"/> Sight Word Practice
20 min of Lexia	*Please list any additional reading or weekend reading on the back	_____ Lexia

Dear Parents,

This packet will go home with your child on Monday. Your child should keep it in their reading bag and I will collect all of the materials (packet & books) the following Monday. Feel free to read books from home as well. Please let me know if you have any questions. Happy reading!

~Ms. Eaton

