



# IGPE Learning Activity Record Sheet

EX

8/8  
RM-  
A0-01

Year:

Name ( )

|   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|--|
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |

Year:



|   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|--|
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |

Year:



|   |   |   |   |   |   |   |   |   |   |  |
|---|---|---|---|---|---|---|---|---|---|--|
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |
| / | / | / | / | / | / | / | / | / | / |  |

Fill a box every time you read for ( ) minutes. Easy and fun! If I approve, you can read it out loud two, three, or even more times a day! I'm your biggest supporter!