 **Bellevue** **Home-School Communications Sheet**

**Student: Week of:**

|  |  |  |
| --- | --- | --- |
| Evening of | Please listen to your child read the following books at least2 times | Parent initials |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**Comments or questions:**