

Reading Bingo

First & last name: _____ Teacher: _____



| B | I | N | G | O |
|--|---|--|---|---|
| <p>I read on the couch.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read in my closet.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read outside.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read at night.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read right after breakfast.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> |
| <p>I read in the bathtub.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read in my bed.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read at 6:00 p.m.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read on a Sunday.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read in my pajamas.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> |
| <p>I read in the kitchen.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read by a window.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p style="text-align: center;">  FREE SPACE </p> | <p>I read while lying on my back.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read while I was eating a snack.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> |
| <p>I read while lying on my stomach.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read in the dark using a flashlight.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read in the living room.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read on a blanket.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read to my favorite toy or pet.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> |
| <p>I read on a Thursday.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read to an adult.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read at the library.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read in the car.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> | <p>I read after I ate dinner.</p> <p>Title: _____</p> <p>Date _____ Parent Initials _____</p> |

Keep track of where and when you read. Write down the book title and date and have a parent initial each box you complete. Complete 5 in a row for a "BINGO" and return to the SGS Library by March 7 for a prize!