

Reading Log



Begin Friday: _____
End Thursday: _____
Turn in on Friday: _____

Full Name _____

Goal for each week: **1 hour of reading.**

Meeting the goal for each week, qualifies you for extended recess on the Reading Rewards Day.

Date:	How many pages did you read?	Time reading:
Name of book:		Author:
Date:	How many pages did you read?	Time reading:
Name of book:		Author:
Date:	How many pages did you read?	Time reading:
Name of book:		Author:
Date:	How many pages did you read?	Time reading:
Name of book:		Author:
Date:	How many pages did you read?	Time reading:
Name of book:		Author:
Date:	How many pages did you read?	Time reading:
Name of book:		Author:
Date:	How many pages did you read?	Time reading:
Name of book:		Author:

TOTAL PAGES READ: _____

Parent Signature _____

Parents, please sign as confirmation that your child has completed the Reading Log for this week's period. Reading Log will not be accepted if not signed by parent.