Complete and return this sheet to your teacher by:

_____

(Teacher/Coordinator to fill in due date)

STUDENT READING LOG

Student Name (first and last name): _____ **School:**

_____ **Grade:** _____

Teacher: _____

Date	What I Read	Time	Parent/Teacher Initials
Total Amount of Time Read (Must be at least 6 hours or 360 minutes)			

Please use the back of this page or additional sheets, if needed.