| Name: | Date: |
|-------|-------|
|       |       |



## Reading Log

- Read for 20 minutes every night.
- Record the title, author, and the number of pages read.
- Have a parent initial each night.

| Monday:     |                   |  |
|-------------|-------------------|--|
| Title:      |                   |  |
|             |                   |  |
|             | Parent signature: |  |
| Tuesday:    |                   |  |
| Title:      |                   |  |
|             |                   |  |
|             | Parent signature: |  |
| Wednesday:  |                   |  |
| Title:      |                   |  |
|             |                   |  |
|             | Parent signature: |  |
| Thursday:   |                   |  |
| Title:      | <del> </del>      |  |
| Author:     |                   |  |
| Pages read: | Parent signature: |  |