



Name: \_\_\_\_\_

# Reading Log

Week of: \_\_\_\_\_

| Day       | Title of What I Read:         | Number of Minutes | Parent Initials |
|-----------|-------------------------------|-------------------|-----------------|
| Monday    |                               |                   |                 |
| Tuesday   |                               |                   |                 |
| Wednesday |                               |                   |                 |
| Thursday  |                               |                   |                 |
| Friday    |                               |                   |                 |
| Saturday  |                               |                   |                 |
| Sunday    |                               |                   |                 |
|           | Total Number of Minutes Read: |                   |                 |