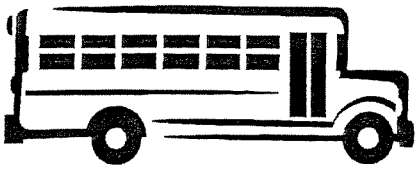
Reading Log

Return this form Friday!



Name: _____

For the Week of: _____

Monday

Title of Book: _____

Circle One: Read alone Read with parent Read together

Minutes

Tuesday

Title of Book: _____

Circle One: Read alone Read with parent Read together

Minutes

Wednesday

Title of Book: _____

Circle One: Read alone Read with parent Read together

Minutes

Thursday

Title of Book: _____

Circle One: Read alone Read with parent Read together

Minutes

Parents Signature: _____