

_____ 's Reading Log

For the week of _____

day	reading	book title	time
Monday	<input type="checkbox"/> I read to myself! <input type="checkbox"/> I read to someone!	_____	
Tuesday	<input type="checkbox"/> I read to myself! <input type="checkbox"/> I read to someone!	_____	
Wednesday	<input type="checkbox"/> I read to myself! <input type="checkbox"/> I read to someone!	_____	
Thursday	<input type="checkbox"/> I read to myself! <input type="checkbox"/> I read to someone!	_____	
Weekend!	<input type="checkbox"/> I read to myself! <input type="checkbox"/> I read to someone!	_____	

Parent Signature: _____

Total Minutes: _____