

Name_____

Reading Log for the week of:_____

Mon.	Title of Book:	Minutes Read alone::
	Read alone: <input type="checkbox"/> Read with Parents: <input type="checkbox"/>	Minutes Read together:
Tues.	Title of Book:	Minutes Read alone::
	Read alone: <input type="checkbox"/> Read with Parents: <input type="checkbox"/>	Minutes Read together:
Wed.	Title of Book:	Minutes Read alone::
	Read alone: <input type="checkbox"/> Read with Parents: <input type="checkbox"/>	Minutes Read together:
Thurs.	Title of Book:	Minutes Read alone::
	Read alone: <input type="checkbox"/> Read with Parents: <input type="checkbox"/>	Minutes Read together:

Please Return this form on Friday!!



Parent's Signature_____