

Week of _____

Weekly Reading Log

*Please fill out every night and turn it in on Friday

Date	Book Title	Minutes Read	Parent Signature
Monday	<hr/> <hr/>	<hr/>	<hr/>
Tuesday	<hr/> <hr/>	<hr/>	<hr/>
Wednesday	<hr/> <hr/>	<hr/>	<hr/>
Thursday	<hr/> <hr/>	<hr/>	<hr/>