



Name: _____

Grade: _____ Teacher: _____

Weekly Reading Log

Turn this log in by: _____

DAY	Minutes Read
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
TOTAL MINTUES READ:	

Parent Signature _____

Please record any reading you do at home...

- Reading to your child
- Your child reading to you
- Your child reading to the family pet
- Independent reading
- Reading a "Book in a Bag"
- Read to a stuffed animal
- Etc.

READ TO THE MOON!

