

NAME _____ DATE _____

READING LOG

| DATE | BOOK TITLE | MINUTES READ | STUDENT INITIALS | PARENT INITIALS |
|-----------|------------|--------------|------------------|-----------------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |
| Saturday | | | | |
| Sunday | | | | |

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