

# READING LOG

Date: \_\_\_\_\_



Name: \_\_\_\_\_

|           | Book Title<br><i>Please have your child write the book title... it is good practice 😊</i> | Parent Initials |
|-----------|---|-----------------|
| Monday    |   |                 |
| Tuesday   |   |                 |
| Wednesday |   |                 |
| Thursday  |   |                 |
| Friday    |   |                 |

Please read with your student for  20 minutes each night.

(Please include discussions when you have the time.)