



Name

Week of

to



Please read for at least 20 minutes every day.
Turn in your reading log every Monday with your parent's signature.

Week 1 Reading Log

| Book Title | Minutes Read | Parent Initials |
|------------|--------------|-----------------|
| Sunday | | |
| Mond ay | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |

Total Minutes for the Week