

Student Name _____

Reading Log

Please choose a book to read to / with your child for 15 minutes each day.

| | Day | Book Title | Book Author | Parent Signature |
|--------|-----------------|------------|-------------|------------------|
| Week 1 | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 Turn in | | | |
| Week 2 | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 Turn in | | | |

Reading Log

Please choose a book to read to / with your child for 15 minutes each day.

| | Day | Book Title | Book Author | Parent Signature |
|--------|-----------------|------------|-------------|------------------|
| Week 3 | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 Turn in | | | |
| Week 4 | 1 | | | |
| | 2 | | | |
| | 3 | | | |
| | 4 | | | |
| | 5 Turn in | | | |

