Weekly Reading Log						
Name:			Pages <u>OR</u> Minutes			
Date:	Book Title(s)		Total Pages Read	Total Minutes Read		
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Total Pages Read:		Total Minutes Read:				
Parent Signature:						

Weekly Reading Log						
Name:			Pages OR Minutes			
Date:	Book Title(s)		Total Pages Read	Total Minutes Read		
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Total Pages Read:		Total Minutes Read:				
Parent Signa	ture:	<u> </u>				