

My Reading Log

Student's Name : _____

Please read with your child or have your child read silently for 25 minutes 5 days a week. Please sign and send in the first school day of the next month. Please list the number of minutes and the name of the book on the calendar throughout the month. Please sign and date at the bottom.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FEBRUARY 2019						
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

Goal : 500 Minutes

Signature: _____ Date: _____