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Date: _____ Name: _____

READING LOG



Please read each night for 20 minutes or longer. Record each book's title, author, genre code, and how many pages and minutes you read. On Wednesday, add up the totals, have a parent sign the form, and bring it to school Thursday.

DAY	TITLE	AUTHOR	GENRE CODE	PAGES	MINUTES
Thu					
Fri					
Sat					
Sun					
Mon					
Tue					
Wed					

Parent Signature _____

Totals: