

Date: _____

Weekly Reading Log Name: _____

Directions: Record your daily reading time and how that reading was accomplished each day. Add up the total minutes you read for the week and record that time at the bottom of the page. If you read for a minimum of 70 minutes **and your parents sign the form**, you may bring in a treat to enjoy during the school day on Friday.

Due Every FRIDAY!!

(Even if you don't reach your goal)

Goal: _____ Mins.	Number of Minutes Read	I read Silently or I read to:___ or _____ read to me
Friday		
Saturday		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Total		

Parent Signature: _____