

Reading Log:

By the Book



My goal for _____ is _____ book(s).
(month) (number)

(Title) (Author)	(Title) (Author)	(Title) (Author)	(Title) (Author)
(Title) (Author)	(Title) (Author)	(Title) (Author)	(Title) (Author)



Student signature _____ Parent signature _____



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Reading Log

By the Minute

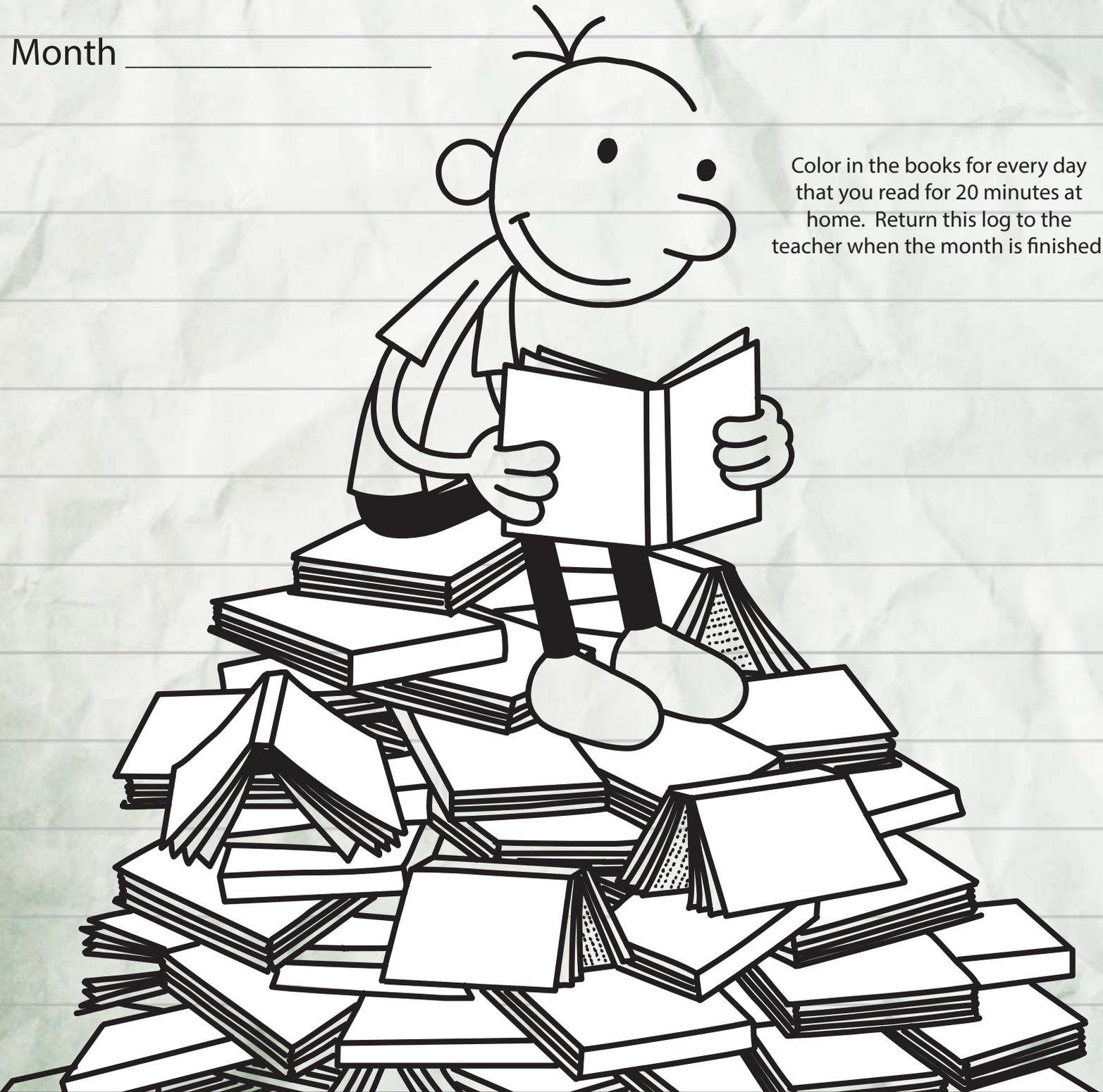


Student signature _____

Parent signature _____

Month _____

Color in the books for every day that you read for 20 minutes at home. Return this log to the teacher when the month is finished.



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