Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reading Log**

**Levels L, M, N**

Readers should finish 2-4 books every week. Fill in the date, title, and amount of pages read. Record the amount of time you read. Record if the book was read in **school (S)** or **home (H).** Parents please sign at the end of the week. Please hand in completed book log each Monday!

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| --- | --- | --- | --- | --- |
| Date | Title | Pages  Read | Reading Time | School (S)  Home  (H) |
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Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_