

Name _____

Reading Log 9/13-9/17

Your child is responsible for reading at least 20 minutes each night (Mon.-Thurs.) Your child can read silently, to somebody, or they can be read to. In fact, a mix of all of these is great for your child. Please remember to sign the reading log at the end of each week after your child has completed the reading AND the **two** reading responses. **PLEASE WRITE MORE THAN TWO SENTENCES FOR EACH**

READING RESPONSE.

Monday:

Book Title: _____

Number of Minutes Read: _____

Number of Pages Read: _____

Tuesday:

Book Title: _____

Number of Minutes Read: _____

Number of Pages Read: _____

Wednesday:

Book Title: _____

Number of Minutes Read: _____

Number of Pages Read: _____

Thursday:

Book Title: _____

Number of Minutes Read: _____

Number of Pages Read: _____

Reading Responses:

1. What is your favorite book over the summer? What was it about?

2. I need a book to read, what book would you recommend and why?

Parent Signature: _____