

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

Reading Log

# \_\_\_\_\_

**DATES:** \_\_\_\_\_

Date	Title of the Book (Capitalize & Underline)	Page # Start	Page # End	Parents, please initial here <b>ONLY</b> if your child read aloud to you!	Minutes Read	Parent Signature

Add up your minutes and pages before you hand in on **Friday** Total Minutes Read this week: \_\_\_\_\_ (150 minute minimum)

**Exceeds:** You read at least 20 minutes above the expectation and/or you read aloud to an adult two or more times!

**\*\*\*For every 20 minutes you read after the 150 minutes, you will earn an extra ticket (up to 4 tickets)**

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

# \_\_\_\_\_

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