

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Date: \_\_\_\_\_

# My Reading Log

|           | Name of Book/s | Minutes Read | Parent's Signature |
|-----------|----------------|--------------|--------------------|
| Monday    | _____<br>_____ |              |                    |
| Tuesday   | _____<br>_____ |              |                    |
| Wednesday | _____<br>_____ |              |                    |
| Thursday  | _____<br>_____ |              |                    |

