

Student: _____

Teacher: _____ Month: _____

READ ING LOG

- Parent sign at the end of the month to confirm child has read 20 minutes a day at home a minimum of 5 days a week.
- Student initials days read and records name of text. Return completed sheet at the end of the month & take Accelerated Reader tests when ready. Have sheet available throughout month for teacher to check-in on reading progress.

SUN. _____	MON. _____	TUES. _____	WED. _____	THURS. _____	FRI. _____	SAT. _____
SUN. _____	MON. _____	TUES. _____	WED. _____	THURS. _____	FRI. _____	SAT. _____
SUN. _____	MON. _____	TUES. _____	WED. _____	THURS. _____	FRI. _____	SAT. _____
SUN. _____	MON. _____	TUES. _____	WED. _____	THURS. _____	FRI. _____	SAT. _____
SUN. _____	MON. _____	TUES. _____	WED. _____	THURS. _____	FRI. _____	SAT. _____

Accelerated Reading Tests Taken This Month

_____ - PARENT SIGNATURE