| Name:    |  |  |
|----------|--|--|
|          |  |  |
| Week of: |  |  |

## Nightly Reading Log

Please read for 20 minutes nightly and complete the log. Please sign that you have read as well as a parent/guardian ©. Happy Reading!

| _         | Date:          | Student Sign:         |
|-----------|----------------|-----------------------|
| Monday    | Title of book: | Parent/Guardian Sign: |
|           | Pages read:    |                       |
| Tuesday   | Date:          | Student Sign:         |
|           | Title of book: | Parent/Guardian Sign: |
|           | Pages read:    |                       |
| Wednesday | Date:          | Student Sign:         |
|           | Title of book: | Parent/Guardian Sign: |
|           | Pages read:    |                       |
| Thursday  | Date:          | Student Sign:         |
|           | Title of book: | Parent/Guardian Sign: |
|           | Pages read:    |                       |