

PLEASE MONITOR YOUR CHILD'S READING ON MONDAY, TUESDAY, WEDNESDAY, AND THURSDAY NIGHTS. THEY ARE REQUIRED TO READ AT LEAST 10 PAGES EACH NIGHT. PLEASE SIGN YOUR NAME AS VERIFICATION THAT YOUR CHILD HAS COMPLETED THE REQUIRED READING EACH NIGHT. THE READING LOG WILL BE COLLECTED ON FRIDAY.

READING LOG

Student

Name _____ Class Period _____

WRITTEN NOTES FROM PARENTS WILL NOT BE ACCEPTED. THIS FORM MUST BE TURNED IN FOR YOUR CHILD TO RECEIVE CREDIT FOR THE ASSIGNMENT.

DATE	TITLE OF BOOK(S)	NUMBER OF PAGES READ	PARENT SIGNATURE
	<i>HOMework</i> <i>GRADE: _____</i>		
	<i>HOMework</i> <i>GRADE: _____</i>		
	<i>HOMework</i> <i>GRADE: _____</i>		
	<i>QUIZ</i> <i>GRADE: _____</i>		