
Student Name _____ Week of _____ to _____

| Day of Week | Title of Book and Author's Name | Total Time Read | Total Pages Read |
|------------------------------|---------------------------------|-----------------|------------------|
| Monday | | Min. | Pgs. |
| Tuesday | | Min. | Pgs. |
| Wednesday | | Min. | Pgs. |
| Thursday | | Min. | Pgs. |
| Friday | | Min. | Pgs. |
| Saturday | | Min. | Pgs. |
| Sunday | | Min. | Pgs. |
| Total Minutes Read This Week | | Min. | |
| Total Pages Read This Week | | | Pgs. |

I have done my reading homework.

Student Signature

Date

I have observed my child doing this reading homework.

Parent Signature

Date
