

Name _____ Teacher Code _____ Parent's Signature _____

(Parents sign BEFORE your child turns this in.)

Please fill in the reading log with the information every day. If there is not enough room in the box, please continue on the back. This is due on Friday for a grade.

	Date	Book or Story Read	Author	Reflection:What was the story about? What did the story remind you of? Did you like the story? Why or why not? <i>WRITE TWO COMPLETE SENTENCES FOR EACH NIGHT.</i>
Monday				
Tuesday				
Wednesday				
Thursday				