

Student Name: _____ **Week of:** _____

Date	Book Title	Author	Pages Read	Time Spent	Rating (1-5)	Parent Initials
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____
_____	_____	_____	_____	_____ mins	_____	_____

Reading Goals

Goal	Target Pages/Minutes	Progress
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes for Parents / Teacher
