

take home reading log for ms. cotner's class

please return next friday

Student Name _____

Parent Signature: _____

Number of minutes read this week*: _____

*Minimum number of minutes read should be 20 minutes each night. This time can include shared reading with adults. As students develop reading stamina, more of these minutes can be devoted to independent reading time. ☺

MONDAY

Date: _____

Title of one book or item read: _____

Did you like the story? ☺ ☹ Number of minutes read: _____

TUESDAY

Date: _____

Title of one book or item read: _____

Did you like the story? ☺ ☹ Number of minutes read: _____

WEDNESDAY

Date: _____

Title of one book or item read: _____

Did you like the story? ☺ ☹ Number of minutes read: _____

THURSDAY

Date: _____

Title of one book or item read: _____

Did you like the story? ☺ ☹ Number of minutes read: _____

Optional Weekend Reading

Date: _____

Title of one book or item read: _____

Did you like the story? ☺ ☹ Number of minutes read: _____