Weekly Reading Log

One row per day. Check the box when you reach your goal.

Name: _____ Week of: _____ Daily goal: _____

Day	What I read	Minutes	Pages	Goal ✓
Monday				☐
Tuesday				☐
Wednesday				☐
Thursday				☐
Friday				☐
Saturday				☐
Sunday				☐

Weekly total: _____ minutes / _____ pages Parent or teacher signature: _____

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