

Name: _____

Student:

- Please write the date, title, & number of minutes you read. Please be honest.
- You must have at least 2 entries.
- Add your total minutes read BEFORE turning it in.

Adult:

- Please initial after you have seen your child read for at least 15 minutes without interruption.
- Please DO NOT fill out the rest of the information for your child.

Date	Title	Minutes Read	Adult Initials

Total minutes read for the week: _____