|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Reading Material Title** | **Number of Pages Read** | **Minutes Read** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday | Optional |  |  |  |

I am acknowledging that my student has read the above number of minutes this week.

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Parent/Guardian Signature Student Signature