

## **READING LOG**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please keep in the back of the folder, complete daily,

and return to Mr. Arnold on Monday, **September 20**

Any type of reading counts, from reading books,

 library books, other textbooks, to magazines and newspapers.

| **Date** | **What Did You Read?** | **How long did you read?** | **Parent Signature** |
| --- | --- | --- | --- |
| Tuesday, September 7 |  |  |  |
| Wednesday, September 8 |  |  |  |
| Thursday, September 9 |  |  |  |
| Friday, September 10 |  |  |  |
| Saturday, September 11 |  |  |  |
| Sunday, September 12 |  |  |  |
| Monday, September 13 |  |  |  |
| Tuesday, September 14 |  |  |  |
| Wednesday, September 15 |  |  |  |
| Thursday, September 16 |  |  |  |
| Friday, September 17 |  |  |  |
| Saturday, September 18 |  |  |  |
| Sunday, September 19 |  |  |  |

Difficult words my child has trouble reading – Review each day and put a check when your child knows the word.

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**\* REMEMBER: This is turned in for a GRADE.**