

Child's Name: _____

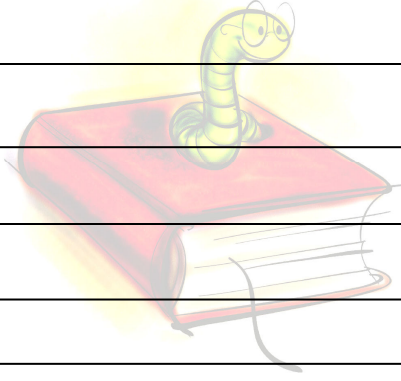
Teacher: _____

Grade Level: _____

Reading Goal: _____

Starting Date: _____

Ending Date: _____



Reading Log

Parents, please
initial the
appropriate
response.

	Date Finished	Book Title	Author	Someone Read It To Me	I Read It Myself!
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total Number of Books Read:					