# **Monthly Reading Record**

# Month**:**  Genre:

**Number of Minutes Required:**

 **Number of Total Minutes Read Outside of the Classroom**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Book \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Author \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title of Book/Article \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Author \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please list other titles and authors on the reverse side or on a paper that you attach. It is your teacher’s expectation that you are reading your book report book; you will, most likely, read other books as well.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Week****Breakdown** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday/****Sunday** | **Parent Signature** |
| Week Of: |  |  |  |  |  |  |  |
| Week Of: |  |  |  |  |  |  |  |
| Week Of: |  |  |  |  |  |  |  |
| Week Of: |  |  |  |  |  |  |  |
| Week Of: |  |  |  |  |  |  |  |

**Logs need parent signatures and a total of minutes read noted on the day that they are due.**