

Home Reading

Student _____

Reading Goal for the week (# of minutes/pages): _____

Day	Date	Title of Book; Author	Minutes Read
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total minutes			

I verify that my child read at home the amount of time indicated above. I also verify that I said to my child "well done!"

Due on Mondays! (Or 1st school day of each week if no school on a Monday)

parent signature

date