



Independent Reading Log

Date	School/ Home	Title/Author <small>*Place a ✓ next to title when you complete a book.</small>	Genre	Level (E)(JR)(C)	Start - End Page	Total # Pages	Minutes Read
___/___	S				-		
Mon.	H				-		
___/___	S				-		
Tues.	H				-		
___/___	S				-		
Wed.	H				-		
___/___	S				-		
Thurs.	H				-		
___/___	S				-		
Fri.	H				-		

Books Finished This Week: _____



Reader Signature: _____ Parent/Guardian Signature _____