

Sustained Silent Reading Log

STUDENT NAME _____

Grade/Period _____

LEXILE RANGE: _____ - _____

Directions: Students must complete a minimum of 100 minutes of independent (non-class work related) reading each week. Reading selections should be selected and based upon the student's Lexile range.

Date	Reading Material	Minutes	Pages read
F/S/S _____	_____	_____	_____ - _____
M _____	_____	_____	_____ - _____
T _____	_____	_____	_____ - _____
W _____	_____	_____	_____ - _____
Th _____	_____	_____	_____ - _____

My Child has read a total of _____ minutes this week.

(Parent Signature)

(Date Checked)

(Teacher Signature)

(Grade Earned) **100**

Date	Reading Material	Minutes	Pages read
F/S/S _____	_____	_____	_____ - _____
M _____	_____	_____	_____ - _____
T _____	_____	_____	_____ - _____
W _____	_____	_____	_____ - _____
Th _____	_____	_____	_____ - _____

My Child has read a total of _____ minutes this week.

(Parent Signature)

(Date Checked)

(Teacher Signature)

(Grade Earned) **100**