

Reading Log

September

Total time

Print your name

~~Advisory~~
Advisory

Parent signature

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

*Write the name of the book in the larger box; write the number of minutes in the smaller box.