

Name _____

Week of _____

Oakview Community School Reading Log

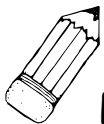
“Buggy for Books”

(K-1st 15 minutes nightly; 2nd- 5th 20 minutes nightly; 6th Gr. 30 minutes nightly)

Each night record the title of the book you read.

| | | | |
|---------------------------|--|---|------------------------------|
| Monday | <input type="checkbox"/> read by student | <input type="checkbox"/> read by parent | <u>Number of Minutes</u> |
| Title _____ | Parent Initial _____ | | |
| Tuesday | <input type="checkbox"/> read by student | <input type="checkbox"/> read by parent | |
| Title _____ | Parent Initial _____ | | |
| Wednesday | <input type="checkbox"/> read by student | <input type="checkbox"/> read by parent | |
| Title _____ | Parent Initial _____ | | |
| Thursday | <input type="checkbox"/> read by student | <input type="checkbox"/> read by parent | |
| Title _____ | Parent Initial _____ | | |
| Additional Reading | <input type="checkbox"/> read by student | <input type="checkbox"/> read by parent | |
| Title _____ | Parent Initial _____ | | |
| Title _____ | Parent Initial _____ | | |
| Title _____ | Parent Initial _____ | | |
| Weekly Total | | | |

I acknowledge this is an accurate record of my child's reading this week and he/she responded to 3 comprehension questions each night.



Parent Signature _____