Reading Record Sheet

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| --- | --- | --- | --- | --- |
| **NAME:** | | **MONTH:** | | |
| **Week of:** | **BOOK CHOSEN** | **Pages** | **Signature**  *(Parent/Guardian)* | **Comments** |
| **Monday** |  |  |  |  |
| **Tuesday** |  |  |  |  |
| **Wednesday** |  |  |  |  |
| **Thursday** |  |  |  |  |
| **Friday** |  |  |  |  |
| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
|  | | | | |
| **Teacher’s Signature:** | | | | |

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| --- | --- | --- | --- | --- |
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| **Monday** |  |  |  |  |
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| **Saturday** |  |  |  |  |
| **Sunday** |  |  |  |  |
|  | | | | |
| **Teacher’s Signature:** | | | | |