Reading Record Sheet

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

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