**4th Quarter Daily Reading Log**

**First and Last Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # \_\_\_\_\_\_\_\_\_\_

**Directions:** Read for at least **15** minutes each night. Make sure you are reading carefully, clearly and understanding what you are reading. **You MUST use your BEST handwriting and correct spelling and grammar. Write like a second grader.** You MUST write in the title and author of your story. **Parents please sign that your child has done each of their daily reading. These will be checked daily each morning. Students should be entering all the information.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Title**  | **Author(s)** | **# of pages read** | **Parent Signature** |
| **Mon.** |  |  |  |  |
| **Date:** |
| **Tues.** |  |  |  |  |
| **Date:**  |
| **Wed.** |  |  |  |  |
| **Date:**  |
| **Thurs.** |  |  |  |  |
| **Date:**  |