

Name _____

Month _____

Home Reading Record

Date	Title	Author	Reading Time	Pages Read
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Return to school at end of each month. Due: _____

Date	Title	Author	Reading Time	Pages Read
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

Student signature: _____

Parent signature: _____