Home Reading Log

Name:_____

Please Return FRIDAY,_____

Set a goal each week of how many minutes in each category.

Reading Goal		Week Total
_____	**Read to (RT)** A parent or sibling reads to the child.	_____
_____	**Shared Reading (SR)** A parent or sibling shares the reading with the child.	_____
_____	**Independent Reading (IR)** The child reads by his or herself.	_____

At Least 100 Minutes

Title	RT	SR	IR	Minutes Read

Parent Signature:_____