

# STUDENT INDEPENDENT READING LOG

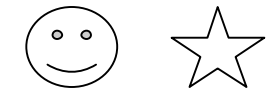
Name:



Week of:

Date	Title of Book	AR <input checked="" type="checkbox"/>	Book Level	Page # Where You STARTED	Page # Where You ENDED	Total Pages You Read	HW <input checked="" type="checkbox"/>	Signature
							<input checked="" type="checkbox"/>	
							<input checked="" type="checkbox"/>	
							<input checked="" type="checkbox"/>	
							<input checked="" type="checkbox"/>	

\*\* AT THE END OF THE WEEK PLACE A HAPPY FACE OR STAR NEXT TO YOUR FAVORITE BOOK.



Teacher Signature: **Mr. Weiberg**

Accelerated Reader Level

Total Pages Read

Stamps earned for Rewards Card

Monday

Tuesday

Wednesday

Thursday