



READ-A-THON READING LOG

Child's Name: _____

Grade/class: _____

Please record the number of minutes your child reads during the Read-a-Thon in the boxes below. **All out of school reading counts, including being read to.**

Please use a timer or a clock to keep track of your minutes – don't guess!!

Friday <u>Jan. 12</u>	Saturday <u>Jan. 13</u>	Sunday <u>Jan. 14</u>	Monday <u>Jan. 15</u>	Tuesday <u>Jan. 16</u>	Wednesday <u>Jan. 17</u>	Thursday <u>Jan. 18</u>
Friday <u>Jan. 19</u>	Saturday <u>Jan. 20</u>	Sunday <u>Jan. 21</u>	Monday <u>Jan. 22</u>	Tuesday <u>Jan. 23</u>	Wednesday <u>Jan. 24</u>	Thursday <u>Jan. 25</u>
Friday <u>Jan. 26</u>						

Total minutes read: _____

Parents, please initial each box and sign below.

Parent or guardian signature: _____