Name _____ Date _____

Independent Reading

First Book Second Book

Book Title _____

Author _____

Pages _____

Genre _____

(Signatures are not required for school reading)

LOG

DATE	LOCATION	END PAGE	SIGNATURE
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____
_____	SCHOOL HOME OTHER	_____	_____