Name: \_\_\_\_\_\_\_\_\_ Weekly Reading Log *\*goal: \_\_\_\_min* Grade 3

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| Day | Date | Home/  school | Title of Book | Level | Genre | Page started | Page  ended | Fiction  Books  Finished | Minutes  read | Daily  total |
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| Day | Date | Home/  school | Title of Book | Level | Genre | Page started | Page  ended | Fiction  Books  Finished | Minutes  read | Daily  total |

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| Sat. |  | H |  |  |  |  |  |  |  |  |
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| Sun. |  | H |  |  |  |  |  |  |  |  |
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| Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number TOTAL  of books read: \_\_\_\_ MINUTES\_\_\_\_\_ | | | | | | | | | | |