Student Name:_____ School Name:_____

Teacher:_____ Grade: _____

Book Title	Date	Time Spent Reading (mins)

I hereby verify that my student has read for the length of time listed above between the dates of September 23 and October 25, 2019. Please attach any additional logs to this first page.

Total number of **hours** read from Sept. 24-Oct 19:_____

Parent Signature: _____

Student Name: _____

Book Title	Date	Time Spent Reading (mins)