

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ My Reading Goal: \_\_\_\_\_ books/minutes

Books/Minutes

# June Reading Log

Total



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
	1	2	3	4	5	6	<input type="text"/>
7	8	9	10	11	12	13	<input type="text"/>
14	15	16	17	18	19	20	<input type="text"/>
21	22	23	24	25	26	27	<input type="text"/>
28	29	30					<input type="text"/>

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# July Reading Log

Books/Minutes

Total



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	1	2	3	4	5	6	<input type="text"/>
7	8	9	10	11	12	13	<input type="text"/>
14	15	16	17	18	19	20	<input type="text"/>
21	22	23	24	25	26	27	<input type="text"/>
28	29	30					<input type="text"/>