Name	_
Teacher's Name	
(If doing this with your class)	

READING LOG

PARENT/TEACHER/COACH Signature

Pick up another reading log if you run out of room on this one....

DATE	BOOK TITLE	#OF PAGES READ	RATING 1—5 See scale below

Rate the book you have read:

1 – Not so good won't read any more of this book anymore

2 - Trying to stay interested

3 - Okay will keep reading

4 – Story seems to be getting better

5 – Can't put the book down, hoping there is a sequel!!!