Name _____#_____ Date _____

Fifth Grade Reading Log

Students are expected to read 120 minutes a week for pleasure. Please log your reading on this form and **return it to your teacher with a parent signature each Friday.**

Date	Title	Thoughts (Optional: notes to self about book, pg. #s, opinion, Would you recommend to a friend? etc.)	Minutes Read

Total Number of Minutes: _____

Parent Signature: _____