

Name: _____ Class: _____ Month: _____

Reading Tracker #3

Date	Title	Minutes Read	Pages Read
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:

		Start: End:	Start: End:
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		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:
		Start: End:	Start: End:

Parent Signature: _____ Date: _____

Return to classroom teacher by: _____