



Student Name _____

Date _____

Title of Novel _____ Number of

Pages _____

(Pssst! Look back! Did you capitalize and underline the title of your book?)

My daily reading goal _____ chapters My weekly reading goal _____ chapters

READ AT LEAST 5 TIMES PER WEEK (You select the days/nights.)

<input type="checkbox"/> Monday, I read page _____ to page _____; chapter _____ to chapter _____
<input type="checkbox"/> Tuesday, I read page _____ to page _____; chapter _____ to chapter _____
<input type="checkbox"/> Wednesday, I read page _____ to page _____; chapter _____ to chapter _____
<input type="checkbox"/> Thursday, I read page _____ to page _____; chapter _____ to chapter _____
<input type="checkbox"/> Friday, I read page _____ to page _____; chapter _____ to chapter _____
<input type="checkbox"/> Saturday, I read page _____ to page _____; chapter _____ to chapter _____
<input type="checkbox"/> Sunday, I read page _____ to page _____; chapter _____ to chapter _____

Yes! I confirm that my child reached his/her weekly reading goal for this novel.

No! I regret to report that my child did **not** reach his/her weekly reading goal for this novel.

Parent Signature Date

