

NAME: _____ week of: _____

MRS. SIMS' STUDENTS LOVE TO READ!

PARENTS/GUARDIANS: 15 total minutes of nightly reading and sight word practice combined (60/week) is REQUIRED homework. Please write the title of the book you read to your child, the name of the sight word reader or book your child read to you, and the minutes read or practiced sight words in each column. Please write the total minutes daily. This reading log must be turned in the last day of the week and counts toward your child's participation grade! Thank you for helping your child to become a successful reader!



	BOOK TITLE I READ TO CHILD!	SIGHT WORD READER/BOOK CHILD READ TO PARENT!	READ TO CHILD (5 MIN)	CHILD READ TO ME (5 MIN)	SIGHT WORDS (5 MIN)	TOTAL MINUTES (15 MIN)
MON.			___min	___min	___min	___min
TUES.			___min	___min	___min	___min
WED.			___min	___min	___min	___min
THURS.			___min	___min	___min	___min
FRI.	Reading log due today! ALL spaces need to be filled in for the log to be complete! Thank you for helping your child to read! * Mrs. Sims		Teacher Use Only: ___/4 days ___Incomplete ___Complete			

Parent/Guardian signature _____