Name & Number: Week Beginning:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **BookTitle****&****Genre****(Fiction or NonFiction)** | **Thoughts About Your Reading****(Good readers *THINK DEEPLY* about their reading!)*** *What is happening in the chapter that I just have to tell someone about?*
* *I like (or don’t like) the main character. This is why (give examples).*
* *The author uses vivid vocabulary to help paint a picture in my mind! This is how the author did this (give an example).*
* *I would recommend this book because … (give specific examples)*
 | **Parent Initials*****On Level: Read 10-20 minutes each night.******Advanced: Read 20-30 min. each night.*** |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |