Name & Number: Week Beginning:

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|  | **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** |  |  |  |