

Name: \_\_\_\_\_ Week of \_\_\_\_\_ Parent Signature \_\_\_\_\_

Parent Comments:

	Title and Author	Pages Read	Summary of Your Reading	AR Tests
Monday			<hr/> <hr/> <hr/> <hr/>	Is there a test? Y/N  Are you ready to take a test? Y/N
Tuesday			<hr/> <hr/> <hr/> <hr/>	Is there a test? Y/N  Are you ready to take a test? Y/N
Wednesday			<hr/> <hr/> <hr/> <hr/>	Is there a test? Y/N  Are you ready to take a test? Y/N
Thursday			<hr/> <hr/> <hr/> <hr/>	Is there a test? Y/N  Are you ready to take a test? Y/N

