Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Week of: \_\_\_\_\_\_\_\_

My Weekly Reading Goal

This week I will read \_\_\_\_ books.

Books I’ve Read

|  |  |
| --- | --- |
| Title | Author |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

www.thecurriculumcorner.com