

Name:

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| --- | --- | --- | --- | --- | --- |
| **Day** | **Title** | **Author** | **Number of Pages** | **Reading Time** | **Signature** |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |
| Saturday \* |  |  |  |  |  |
| Sunday \* |  |  |  |  |  |

\* Optional / makeup