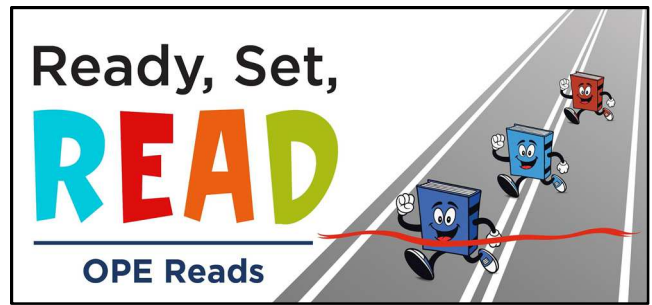


OPE READS

Reading Log



Student Name _____

Teacher/Grade _____

DATE	MINUTES READ	RUNNING TOTAL (for this sheet only)
WEEKLY TOTAL MINUTES (<i>THIS SHEET ONLY</i>):		

Parent Signature _____

Count your minutes for the week, and place this sheet in the classroom OPE READS envelope. Be sure to print out a new reading log at www.opeschool.org/! Reading gives you SUPERPOWERS - and you are on your way to an OPE READS MEDAL!!!