Shared Reading Activities Log

Student Name: _____ Weekend Dates: _____

Date	Activity Description

Parent Signature: _____

Please list any Shared Reading Activities you complete with your child **during the homegoing weekend** and return the form to school with him/her. You may use the back for additional space. If your child should forget to bring home a form you may record the information on other paper or send it via e-mail to Nancy.Wood@msd.dese.mo.gov