

Student Name	Grade	Star ZPD Level*	KTL Advisor
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KTL Student Reading Log for the Month of _____

Please continue on additional sheets, if necessary, and submit the top copy of each sheet to your KTL advisor.

Date Read	Book Title Please include <u>all</u> books read, not only books with tests on the Accelerated Reader (AR) list or at www.bookadventure.org	Number of Pages Read (optional)	T—Read to the child W—Read with I—Independently F—Fiction or NF—Nonfiction		AR Level*	Comments
			T W I	F NF		
1.			T W I	F NF		
2.			T W I	F NF		
3.			T W I	F NF		
4.			T W I	F NF		
5.			T W I	F NF		
6.			T W I	F NF		
7.			T W I	F NF		
8.			T W I	F NF		
9.			T W I	F NF		
10.			T W I	F NF		
11.			T W I	F NF		
12.			T W I	F NF		
13.			T W I	F NF		
14.			T W I	F NF		
15.			T W I	F NF		
16.			T W I	F NF		
17.			T W I	F NF		
18.			T W I	F NF		
19.			T W I	F NF		
20.			T W I	F NF		

* Move down one level from the ZPD for Nonfiction the student *reads independently*. Move up two or more levels for books *read to the student*.

Date Submitted	Total Number of Pages	Parent/Instructor Signature
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