

Chapter

Title:

Name:

Period:

read 30 minutes (list page #s)

parents initial in box

LEARNING LOG

MON. (date)	Q: _____ _____ _____	page #s
	A: _____ _____	initials
TUES. (date)	Q: _____ _____ _____	page #s
	A: _____ _____	initials
WED. (date)	Q: _____ _____ _____	page #s
	A: _____ _____	initials
THUR. (date)	Q: _____ _____ _____	page #s
	A: _____ _____	initials
FRI. (date)	Q: _____ _____ _____	page #s
	A: _____ _____	initials