Sacajawea Middle School

Accelerated Reader
Student Reading Log

Student Name: _____ Grade: _____ ZPD Range: ____
Teacher _____ Goal _____

Title, Author	Rdg Level	Pts.	% Correct on Quiz	Date (start & end)	**Teacher Initials to Test**

Note: Upon receiving your teacher's initials, take this (to the library) as your **PASS TO TEST** on the Accelerated Reader computer.

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Remember to bring your AR book!

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