**Independent Reading Contract**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Block:**

**Directions:**

* As a part of our independent reading program, set a reading goal for the year.
* Initial on each line to indicate that you agree to the terms of this contract.
* I will, to the best of my ability, indicate in writing which books I will read this trimester.
* I can read books from our classroom, town library, school library, and from home.
* Listening to audio books is acceptable.
* The books I select will be **at or above my reading level.**
* Books I read in class during reading workshop count towards this reading contract.
* I understand that during class I will have approximately 10-20 minutes to read on **most** days.
* At home, I agree to read at least **20 minutes EACH day** to accomplish and hopefully surpass my goal.
* I will read a **variety of genres** and step out of my comfort zone.

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| --- |
| **Complete the following:** *Remember: Your goal should challenge, not overwhelm you.* * This year, my goal is to read **\_\_\_\_\_\_ cover-to-cover books.**

For me, this goal is EASY REASONABLE CHALLENGING.🡨Circle one* This trimester my goal is to read **\_\_\_\_\_\_\_ books.**

*(Suggested goal: one third of my yearly goal)*For me, this goal is EASY REASONABLE CHALLENGING.🡨Circle one |

* This contract is a significant part of my grade and I will carry out its terms to the best of my ability.

My teacher and I will review my completed reading contract at the end of each trimester and create a new one for the next trimester.

My goal should be to challenge myself as a reader this year and continually increase the amount and types of books I read each trimester.

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 Student Signature Teacher Signature Parent Signature