

Name _____
 Period _____
 Date Due _____

_____ Reading Record

Author	Title	Pages	A.R.	AB*	Teacher*
1.					
2.					
3.					
4.					
5.					
6.					
Total Pages		---	---	---	---

Dear _____

I approve of the above books, and to the best of my knowledge,
 _____ has read all of the books listed above.

My child has not seen a movie or listened to a tape instead of reading a book. For each book, he/she has written in his/her reading log one main idea sentence for each chapter, which could help with our in-class book report/Accelerated Reader test.

*Teacher fills in

 Parent/Guardian Signature (no initials)