



Name _____ Grade _____

Date _____

Teacher _____ Room _____

INTERMEDIATE RECORD SHEET

Circle type of books read

Fiction • Adventure • Poetry • Legends & Myths • Non-fiction • Nature • Biographies • Mystery
• Sports • Science Fiction • Add your own: _____

Books Read

Minutes Read

1. _____

2. _____

3. _____

4. _____

5. _____

TOTAL MINUTES _____

My child has read the books listed above .

***Please do not exceed 100 minutes!**

Once 100 minutes are read, start a new form.

Parent Signature



Name _____ Grade _____

Date _____

Teacher _____ Room _____

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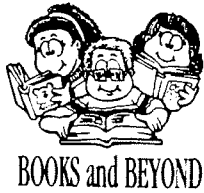
TOTAL MINUTES _____

My child has read the books listed above .

***Please do not exceed 100 minutes!**

Once 100 minutes are read, start a new form.

Parent Signature



Name _____

Date _____

Teacher _____

Grade _____ Room _____

PRIMARY RECORD SHEET

List of Books

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

MY FAVORITE BOOK WAS _____

Please sign if your child has read the above books or if they have been read to him or her.
Return this sheet only after 15 books have been completed.

NOTE: For books over 50 pages, every 25 pages may be counted as one book.

PARENT SIGNATURE _____

***Please do not exceed 15 books!
Once 15 books are read, start a new form.**

