

Please place an 'X' in each box after your child reads a book. Return the sheet to your child's teacher, after every 10 books you read with your child.

Book 1	Book 2	Book 3	Book 4	Book 5
Book 6	Book 7	Book 8	Book 9	Book 10

Student Name: \_\_\_\_\_ Room #: \_\_\_\_\_

My child's favorite book is: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_

Book 1	Book 2	Book 3	Book 4	Book 5
Book 6	Book 7	Book 8	Book 9	Book 10

Student Name: \_\_\_\_\_ Room #: \_\_\_\_\_

My child's favorite book is: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_

Book 1	Book 2	Book 3	Book 4	Book 5
Book 6	Book 7	Book 8	Book 9	Book 10

Student Name: \_\_\_\_\_ Room #: \_\_\_\_\_

My child's favorite book is: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_