



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** \_\_\_\_\_



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

1. \_\_\_\_\_ pages: \_\_\_\_\_
2. \_\_\_\_\_ pages: \_\_\_\_\_
3. \_\_\_\_\_ pages: \_\_\_\_\_
4. \_\_\_\_\_ pages: \_\_\_\_\_
5. \_\_\_\_\_ pages: \_\_\_\_\_

My child has read the books listed above.

**TOTAL PAGES:** \_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Teacher Signature*

*Record Keeping • 7*



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

1. \_\_\_\_\_ pages: \_\_\_\_\_
2. \_\_\_\_\_ pages: \_\_\_\_\_
3. \_\_\_\_\_ pages: \_\_\_\_\_
4. \_\_\_\_\_ pages: \_\_\_\_\_
5. \_\_\_\_\_ pages: \_\_\_\_\_

My child has read the books listed above.

**TOTAL PAGES:** \_\_\_\_\_

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Teacher Signature*