

READING FORM

NAME: _____

DATE	MINUTES	MATERIAL READ (NAME OF BOOK, OR MAGAZINE, ETC.)	# OF PAGES READ	RECOMMEND
_____	_____	_____	_____	Y OR N
_____	_____	_____	_____	Y OR N
_____	_____	_____	_____	Y OR N
_____	_____	_____	_____	Y OR N
_____	_____	_____	_____	Y OR N
_____	_____	_____	_____	Y OR N
_____	_____	_____	_____	Y OR N

PARENT/GUARDIAN SIGNATURE _____