

Reading Record

Name: _____ Course: _____ Block: _____ Semester: _____

This is a working document. Maintain it throughout the school year.

For each book you read, record the author, title, dates started/finished, and when finished, give the book a rating from 0-5, and a one-word review. You do not need to finish a book if you don't like it but record the page numbers you read. That's right: *you don't have to finish reading a book you don't like*. The books you didn't like can get a rating of 0. Pages read for assigned books also count toward your total pages read!

Want to be part of the ELITE 40 CLUB? Read 40 books or 10,000 pages during the school year!

	Author	Titile	Total Pages/ Pages read	Date Started	Date Finished	Rating 0-5	One-word Review
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

	Author	Title	Total Pages/ Pages read	Date Started	Date Finished	Rating 0-5	One-word Review
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
36							
37							
38							
39							
40							

TOTAL NUMBER OF BOOKS COMPLETED: _____

TOTAL NUMBER OF PAGES READ: _____

Student signs that this reading record is an accurate account of her independent reading activity for this school year.

Student Signature: _____ **Date:** _____

Parent verifies that daughter has maintained reading record throughout the school year and has read the books listed.

Signature of parent: _____ **Date:** _____