



Turn in this reading record during your library time to receive a prize.  
\*Students may read or have read to them any 10 books of their choosing.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Parent signature: \_\_\_\_\_

*My child may / may not have edible prizes.*