

Student Name/*Nombre*: _____

ID#: _____ Grade(16-17) _____



Parent Name: _____

Phone #/# de telefono: _____

| | Date | Book Title <i>Título</i> | Author's Name <i>Autor</i> | # of Pages | Parent Initials/Iniciales de padre I verify that this book was read. <i>Yo verifico que este libro se leo</i> |
|-----|-------------|------------------------------------|--------------------------------------|-------------------|--|
| 1. | | | | | |
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| 15. | | | | | |

Note: Students must read books at or above their reading level. Any books that were previously tested on will not count. Books will only count once. We encourage students to keep a journal or write a book report on each book so they may review them before the beginning of the school year. If additional books are read, please attach regular sheets of paper with all of the requested information.

Nota: Los estudiantes deben leer libros en su nivel de lectura. No contarán los libros que fueron probados anteriormente. Recomendamos que escriban un diario o un informe del libro para que puedan revisarlos antes del inicio del año escolar. Si leen libros adicionales, adjunte hojas de papel con toda la información solicitada.