D.C. BOOK BANK

READING RECORD

NAME:_____**GRADE:**_____**HOMEROOM**_____

1. **Circle** the appropriate due date listed below
2. List the **Author, Book, Title,** and **Pages** Read.
3. **Total** the Pages Read and have a **Parent sign** your Reading Record.
4. **(Optional)** Write a review of one book from the list below on the back of this sheet and earn 50 additional pages to your total.

OCT 30 NOV 27 DEC 18 JAN 22 FEB 26 APR 8 MAY 6

AUTHOR	TITLE	PAGES READ
	Total this Page	
	(Optional) Book Report and Other Pages	
Parent's Signature: _____	**Total Pages Read**	

Book Report Review

(Parent help allowed for Gr. 1-3)

Title of Book: _____

Author: _____

Character Names:

_____

Describe Your Book: (Minimum of 3-4 sentences for Gr. 1-3, 5 or more sentences for Gr. 4 and above)

_____

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_____Parent's

Signature:_____