Student’s Name ___________________________________________  Grade in September __________

Students entering grades 3, 4 and 5 in September should record at least 3 books:

1. Book Title: _________________________________________________
   Author: ______________________________________
   Fiction/Nonfiction: _________________________________
   # of STARS: (circle one) 5 4 3 2 1 0

   What I enjoyed most about the book:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Book Title: _________________________________________________
   Author: ______________________________________
   Fiction/Nonfiction: _________________________________
   # of STARS: (circle one) 5 4 3 2 1 0

   What I enjoyed most about the book:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Please return this log to your teacher by September 23, 2019.
3. Book Title: ________________________________________________________________

Author: __________________________

Fiction/Nonfiction: __________________________

# of STARS: (circle one) 5 4 3 2 1 0

What I enjoyed most about the book:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

This is an accurate record of my child’s reading.

Parent/Guardian Signature ______________________________________________________