

SUMMER 2017 READING LOG

STUDENT NAME: _____

Books Read: Be sure you sign this form on the bottom of the list.

Title: _____

Author: _____

Number of Pages: _____

Title: _____

Author: _____

Number of Pages: _____

Title: _____

Author: _____

Number of Pages: _____

Title: _____

Author: _____

Number of Pages: _____

Title: _____

Author: _____

Number of Pages: _____

Title: _____

Author: _____

Number of Pages: _____

Sign to indicate that you have read the books listed above:

Student _____

Parent or Guardian _____