



Name _____
Date _____
Teacher _____
Grade _____ Room _____

PRIMARY RECORD SHEET (GRADES K - 2)

List of Books

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

MY FAVORITE BOOK WAS _____

Please sign if your child has read the above books or if the books have been read to him or her. Return this sheet only after 15 books have been completed.
NOTE: For books over 40 pages, every 20 pages may be counted as one book.

PARENT SIGNATURE

TEACHER SIGNATURE
