

Summer Reading Challenge

Use this book log to record your books – submit this form upon our return to school for the 2020-2021 school year

Date	Book Title	Pgs. Read	Parent comments

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Teacher in fall 2020 \_\_\_\_\_

My child may eat vanilla Dairy Queen ice cream. \_\_\_\_\_ yes \_\_\_\_\_ no