

Reading Record Tracking Sheet

Turn in this sheet each time you submit your Reading Record.

Name: _____

Date: _____

Total number of books read to date: _____

Chapter Books: _____ Picture Books: _____

Fill out the following blanks below for this group of books only.

By Genre:

Poetry: _____ Historical Fiction: _____

Informational Books: _____ Auto/Biography: _____

Fantasy/Science Fiction: _____ Fiction: _____

Traditional Literature (myths/fables/folktales/fairytales/nursery rhyme collections):

Diversity Represented (Ethnic/Racial Group, Nationality, Social Class,
Gender of Protagonist, Age, Family Structure, Language, Religion, Exceptionalities...):

Category: _____ # of books: _____

Category: _____ # of books: _____

Category: _____ # of books: _____

Category: _____ # of books: _____

Category: _____ # of books: _____

Category: _____ # of books: _____

Category: _____ # of books: _____

Category: _____ # of books: _____

Your comments to the course facilitator:

Comments from the course facilitator: