

Madison Public Schools
Summer Reading Recording Sheet



Name: _____ Circle One: Male/Female Grade: _____

Teacher's Name in September: _____ Total Number of Titles Read _____

| Author | Title |
|--------|--|
| 1 | |
| 2 | |
| 3 | |
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| 19 | |
| 20 | |
| | <p>Be prepared to submit this form to a teacher in September. Use additional lined paper if necessary.</p> |