Name: _____ Start Date: _____

Finish Date: _____

Title: _____ Author: _____

Circle the category of this reading activity:

Fiction		Nonfiction	
Historical Fiction	Folktales	Periodicals	Biographies
Mysteries	Science Fiction	Informational	Technical
Fantasy	Realistic Fiction		
Plays	Other		

Response to what you read or learned:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Parent Signature: _____ Teacher Signature: _____

(Parents/Guardians: please sign **only** after your child has explained the activity to you.)