

Student Book Completion Form

Student Name:	dent Name: Classroom (example: 2A): k Title: Author:	
Book Title:		
Date book was finished:	complete questions 1-3 belov	
 Favorite character in the book: Why? 		
2. What part of the book did you enjoy the mo		
3. How does the book end?		
To the best of my knowledge, my child read th	nis book.	
Parent Signature	 Da	 te