Madison Public Schools Summer Reading Recording Sheet



Name: Teacher's Name in September:	Grade:
	Total Number of Titles Read
Author	Title
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	Be prepared to submit this form to a teacher in September. Use additional lined paper if necessary.