

Chapter Book Reading Log

Student Name: _____

Book Title: _____

Author: _____ Quiz ID # _____

Date	Pages Read in class Begin-End	Pages Read out of class Begin-End	Teacher's Initials/ Parent's Signature	

Date: _____

Teacher's Authorization to Test: _____

Date: _____

Test Monitor's Initials: _____

Test % correct: _____

Number of points earned: _____

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