**Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#\_\_\_ Date:\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Title and Author** | Evaluation Of Story | Parent Signature |
| **Mon.** |  | ☺ I loved the book! 😐 The book was okay.☹ I did not enjoy the book. |  |
| **Talk about the character(s) in the story to a family member.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Tues.** |  | ☺ I loved the book! 😐 The book was okay.☹ I did not enjoy the book. |  |
| **Talk about the problem in the story with your parent.** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date** | **Title and Author** |  | Parent Signature |
| **Wed.** | **Reading not required** | ☺ I loved the book! 😐 The book was okay.☹ I did not enjoy the book. |  |
| **Talk about your favorite character with someone in your family.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Thurs.** |  | ☺ I loved the book! 😐 The book was okay.☹ I did not enjoy the book. |  |
| **Would you recommend this book to a friend? (Circle Answer) Yes or No** |