Name: _____

Books or Texts Completed So Far:

Date Started	Date Completed	Title Level		Genre

Circle the genre you read:

Realistic Fiction Mystery Biography Historical Fiction Pattern Books/ Concept Book

Informational Nonfiction Narrative Nonfiction Feature Article Magazine Article

Fantasy Fairy Tale/Folk Tale Comic Book Poetry/Song Riddles and Jokes

Public Document (Speech, letter, etc.) Text Book Other: _____