

Student name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

### **Mrs. Lanier's Summer Reading Challenge**

*Directions: Each book can go in only one box. List only books you read this summer. Please return your completed form to the media center during the first week of school to receive a small prize. Happy reading!*

Read a book with a flashlight.	
Title: _____	Author: _____
Read a book on your bed.	
Title: _____	Author: _____
Read a book to someone else.	
Title: _____	Author: _____
Read a book under a tree.	
Title: _____	Author: _____
Read a nonfiction (true) book.	
Title: _____	Author: _____
Read a book while eating a snack.	
Title: _____	Author: _____
Read a fairytale.	
Title: _____	Author: _____
Read a book by your favorite author.	
Title: _____	Author: _____
Read a book that makes you laugh.	
Title: _____	Author: _____
Free choice. Read any book you want.	
Title: _____	Author: _____