Kindergarten Book Log

Name _____

Date	Book Title	Who read the book? Parent or Child?	Did you like the book? Yes or No?	Parent Initials
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
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		P C	Y N	
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		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	
		P C	Y N	

Total:

Please keep this book log in a safe spot at home and fill it out daily. When it is full, please return it to school in your child's planner so that a new log can be sent home.