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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | | **Title and Author** | | Evaluation Of Story | Parent Signature |
| **Mon.** | | **Veteran’s Day!**  **No Reading Required** | | ☺ 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.** |  | | | ☺ 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** | | | | | |