

Extensive Reading Record

> _____

> _____

Given Name (First Name)

Last Name (Family Name/Surname)

_____||_____||_____||_____||_____||_____||_____||

Student Number

No.	Book Title	Level	Number of Pages	Rating Out of Ten	Date Started	Date Finished	For Teachers Use Only
1.							
2.							
3.							
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7.							
8.							
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17.							
18.							
19.							
20.							

No.	Book Title	Level	Number of Pages	Rating Out of Ten	Date Started	Date Finished	For Teachers Use Only
21.							
22.							
23.							
24.							
25.							
26.							
27.							
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