

Accelerated Reader

Name of Student: _____

This is to verify that my child read the following book

Title: _____ **Book Number:** _____

Author: _____

Date: _____

Method of Reading Used: **Read To:** _____ **Read With:** _____

Read Independently: _____

Level of the Book: _____

Signed: _____

Teacher Comments:

Date: _____

Score: _____ / _____ - _____ %

Points: _____