

CITY OF INGLEWOOD I-READ SUMMER READING PROGRAM



READING LOG

Name: _____

Age: _____ Grade: _____ Phone Number: _____

Email: _____

Book Title: _____

Author: _____

Book Title: _____

Author: _____

Book Title: _____

Author: _____

Book Title: _____

Author: _____

Book Title: _____

Author: _____

Book Title: _____

Author: _____