Living Books Honors Reading Program
Verification Form

Date: _______________________________

Student Name: ___________________________________________

Grade Level: _______ Teacher: _______________________________

This is to verify that my child has read every page in the books checked on the attached list.

_____________________________________________________________________

(paren signature)

Parent email: _________________________________________________

Total number of books read by student: _______________

Total number of books read aloud with parent/ family: ____________