



*Child's Last Name: _____

*Child's First Name: _____

*Date beginning challenge: _____

*Age at beginning : _____

Date completing challenge: _____

Fill out after 1000 books read

Age at completion: _____

Fill out after 1000 books read

Milestones!

Place an X in each box as milestones are attained.

100	200	300	400	500	600	700	800	900	1000

*Name of parent/guardian _____

*Address _____

*Phone # _____

Note to staff:

Parent/caregiver fills out * fields. Then file alphabetically in 1000 BB4K binder.

