

## ACCELERATED READER TESTING PASS



Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher's name \_\_\_\_\_

Title of Book \_\_\_\_\_

Book Reading Level \_\_\_\_\_ Points \_\_\_\_\_

\_\_\_\_\_ Read To \_\_\_\_\_ Read with \_\_\_\_\_ Read by Myself

My child has read and reviewed this book and is ready to take the test on it.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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