



First Books for Kids Evaluation Form

Date Read: _____ County: _____

Number of Teachers: _____ Students: _____ Special Needs Students: _____

Non-English Speaking: _____ Urban: _____ Non Urban: _____

Title of Book: _____

Props Used: _____

Student Response: _____

Volunteer: _____

Location: _____

Return Forms to: JO Almond
11753 N Shelby 700 W, New Palestine, IN 46163

EMAIL: jea919@gmail.com
PHONE: 317-861-6276



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