**READING LOG**

**Nationwide BRAILLE READERS ARE LEADERS (BRAL) CONTEST FOR KIDS**

Sponsored by the   National Federation of the Blind of Illinois, in partnership with the NFB Jernigan Institute and The American Action Fund for Blind Children and Adults. Open to all blind or visually impaired students in participating states as defined in the contest rules.

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Contestant Name:

Contestant Grade Category (K-1, 2-3, 4-5, 6-8, 9-12):

Send prizes to this address:

Name of Certifying Official:

Email, Certifying Official:

Phone, Certifying Official:

Total Braille pages read by contestant during contest:

\*\*\*

You are encouraged to fill out the reading log electronically, then submitting it as an attachment to an email message. Send to Deborah Stein at [dkent5817@att.net](mailto:dkent5817@att.net). Please put Nationwide BRAL plus the contestant’s name in the subject line.

If you prefer to handle this reading log as a hard copy, print a copy and fill it out, then mail it at the end of the contest to:

Nationwide BRAL Contest

Deborah Stein

5817 N. Nina Ave.

Chicago, IL 60631

Entry 1:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 2:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 3:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 4:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 5:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 6:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 7:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 8:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 9:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 10:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 11:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 12:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 13:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 14:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 15:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 16:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 17:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 18:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 19:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 20:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 21:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 22:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 23:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 24:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes:

## Entry 25:

Material Title:

Author:

ISBN (if available):

Material Transcribed by: Bookshare WEB-Braille Home/School Agency

Type of Material: Book Magazine Article Other

Did the contestant complete the book?: (yes or no)

Date completed or stopped reading:

Number of pages read:

Number of times read:

Total pages for this entry:

Notes: