

Child's Name:
School:
Class Teacher:

The Camping Holiday



Week 2 Book 3

When did your child read this book? From to(date)

How many times did your child read this book?

1 2 3 more than 3

How much did your child like it?

Not at all

A little

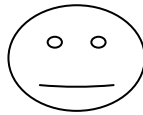
A lot



1



2



3



4



5

How difficult was it?

Very difficult

A little

Very easy



1



2



3



4















5

Child's Name:

School:

Class Teacher:

She breakfast.  eat	She well.  sleep	He in the bin.  hide
They breakfast.  eat	They well.  sleep	They in the bins.  hide
He bags.  carry	He loudly.  cry	She dinner.  cook
She bags.  carry	They loudly.  cry	They dinner.  cook

When did your child play this game? From to(date)

How many times did your child play this game?

1 2 3 more than 3

How much did your child like it?

Not at all

A little

A lot



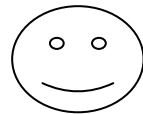
1



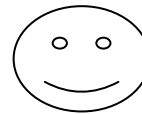
2



3



4



5

How difficult was it?

Very difficult

A little

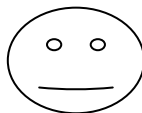
Very easy



1



2



3



4



5

Child's Name:
School:
Class Teacher:

Sorcha the artistic Florist



Week 2 Book 4

When did your child read this book? From to(date)

How many times did your child read this book?

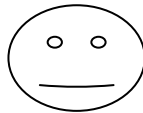
1 2 3 more than 3

How much did your child like it?

Not at all

A little

A lot



1

2

3

4

5

How difficult was it?

Very difficult

A little

Very easy



1

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3

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Child's Name:
School:
Class Teacher:



Week 2 Book 5

When did your child read this book? From to(date)

How many times did your child read this book?

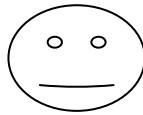
- 1 2 3 more than 3
-

How much did your child like it?

Not at all

A little

A lot



1

2

3

4

5

How difficult was it?

Very difficult

A little

Very easy



1

2

3

4

5

Child's Name:

School:

Class Teacher:



When did your child play this game? From to(date)

How many times did your child play this game?

1 2 3 more than 3

How much did your child like it?

Not at all

A little

A lot



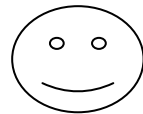
1



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5

How difficult was it?

Very difficult

A little

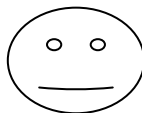
Very easy



1



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4

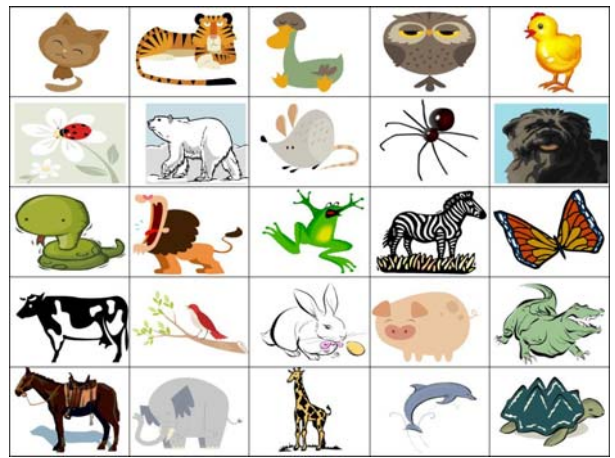


5

Child's Name:

School:

Class Teacher:



When did your child play this game? From to(date)

How many times did your child play this game?

1 2 3 more than 3

How much did your child like it?

Not at all

A little

A lot



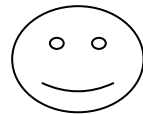
1



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5

How difficult was it?

Very difficult

A little

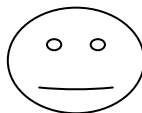
Very easy



1



2



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4



5