

Independent Reading Project Book Form

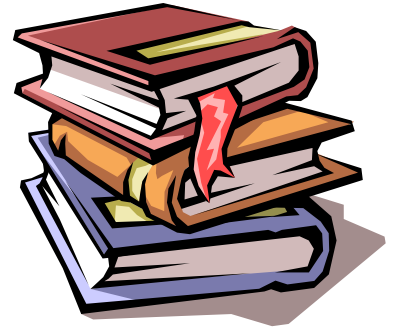
Name _____

Book Title _____

Marking Period _____

Group # _____

Parent Signature _____



Book Type (Check 1):

Non-Fiction _____ *required

Multi-narrator, Multi-genre, or Graphic Novel _____

2011-2014 Publication Date _____

Part of a Series _____

Project Choice (Check 1):

Written Response _____

Book Talk _____

Technology Based or Visual Project _____