

# Reading List ~ Quarter 1

Name \_\_\_\_\_

Due Date \_\_\_\_\_

Genre	Title	Author	Date begun	Date ended	Pages	Points	Parent signature
*Sports	_____						
*Legend	_____						
*Humor	_____						
*Romance	_____						
Mystery (Required)	_____						

\* You must include books from at least one of these genre in addition to the required genre. (Some books may be difficult to classify genre, so check with Adon Ross.)

In order for Adon Ross to be sure your parents are aware of this reading plan, please take the explanation home, discuss it, and have them sign below.

\_\_\_\_\_  
(Parent Signature)\_\_\_\_\_  
(Date)