

SSR APPROVAL FORM

Name: _____

Room: _____ #: _____ Date: _____

Book Title: _____

Author: _____

Genre: _____ # of pages: _____

By signing my name below I certify that I have never read this book before.

Student Signature: _____

Teacher Approval: _____

I chose to read this book because _____

I started/will start to read this book on _____

Date Summary turned in: _____