

Personalized Reading Picks for Teens

Need some help finding your next great read? Fill out this form and receive a customized reading list within two weeks of your submission.

First name: _____

Last name: _____

Email: _____ Phone number: _____

Grade: 6th 7th 8th 9th 10th 11th 12th

How would you like to receive your personalized list?

Email

Pick up at CLPL Adult Services Desk

What is your all-time favorite book? Why?

List 3-5 books that you love, and tell us why.

List 3-5 books that you hate, and tell us why.

What type of books do you enjoy reading? (Check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Action/Adventure | <input type="checkbox"/> Biography | <input type="checkbox"/> Chick-lit | <input type="checkbox"/> Fantasy |
| <input type="checkbox"/> Graphic Novels | <input type="checkbox"/> Historical Fiction | <input type="checkbox"/> Horror | <input type="checkbox"/> Humor |
| <input type="checkbox"/> Inspirational | <input type="checkbox"/> LGBT | <input type="checkbox"/> Literary Classics | <input type="checkbox"/> Multicultural |
| <input type="checkbox"/> Mystery | <input type="checkbox"/> Non-Fiction | <input type="checkbox"/> Realistic Fiction | <input type="checkbox"/> Romance |
| <input type="checkbox"/> Science Fiction | <input type="checkbox"/> Sports | <input type="checkbox"/> Supernatural | <input type="checkbox"/> Suspense/Thriller |
| <input type="checkbox"/> Other | | | |

If other, please specify: _____

Do you like to read series?

- Yes No

Preferred gender of main character:

- Male Female no preference

Please **do not** include:

- Sexual content
- Graphic language (profanity)
- Religious themes
- Violence

Note: We will do our best to avoid certain content, but we cannot guarantee that there will not be something you find unacceptable.

Anything else you'd like us to know?



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