

Child Interest Form

Name _____ Date _____

Directions: Below is a list of topics that some people find interesting. Check the box next to any of these topics that are interesting to you.

- | | |
|--|---|
| <input type="checkbox"/> fairy tales, myths, legends | <input type="checkbox"/> career stories |
| <input type="checkbox"/> animal stories | <input type="checkbox"/> music |
| <input type="checkbox"/> nature stories | <input type="checkbox"/> science fiction |
| <input type="checkbox"/> stories about people your age | <input type="checkbox"/> movies or TV |
| <input type="checkbox"/> science | <input type="checkbox"/> cars |
| <input type="checkbox"/> other lands | <input type="checkbox"/> drawing and painting |
| <input type="checkbox"/> history | <input type="checkbox"/> computers |
| <input type="checkbox"/> inventions | <input type="checkbox"/> fishing or hunting |
| <input type="checkbox"/> famous people | <input type="checkbox"/> dancing |
| <input type="checkbox"/> sports | <input type="checkbox"/> sewing or knitting |
| <input type="checkbox"/> crafts/hobbies | <input type="checkbox"/> the environment |
| <input type="checkbox"/> love stories | <input type="checkbox"/> games |
| <input type="checkbox"/> mystery stories | <input type="checkbox"/> aircraft |
| <input type="checkbox"/> comic books or cartoons | <input type="checkbox"/> space travel |
| <input type="checkbox"/> real-life problems | |

Anything that is interesting to you that is not listed above can be written here:

Name your 2 favorite books here:

1. _____

2. _____