

Please check your years of participation:

- ☐ This will be my 1st year.
- ☐ This will be my 2nd year.
- ☐ This will be my 3rd year.
- ☐ This will be my 4th year.
- ☐ This will be my 5th year.

Approved:

- ☐ Yes! Start your rough draft!
- ☐ Not yet, please read comments and resubmit.

Young Authors' Participation and Planning Form

Author's name _____

Teacher _____

1. Please check one box to indicate your choice of genre for your book.

- ☐ Personal narrative (a true story about yourself)
- ☐ Mystery (a story with something to be solved)
- ☐ Fantasy (a make believe story with magic, monsters, etc.)
- ☐ Realistic fiction (a make believe story that could be true)
- ☐ Nonfiction (research based topic, requires a bibliography)
- ☐ Poetry (create your own anthology of your poems)
- ☐ Other: _____

2. Please write a brief (2-5 sentence) summary of your book topic.

3. Things to remember:

- ✓ Please make sure your book contains appropriate content, language, subject matter and is violence free.
- ✓ Please be sure your book is your own work and an original piece.

4. I, the parent, have discussed this form with my child. I will support my child and will help him/her complete this project following the guidelines and due dates.

X _____
(parent signature)