

BOOK BOX: KIDS EDITION



All questions are optional, but the more information you provide, the better our suggestions will be.

CONTACT INFORMATION

Today's Date _____

Child's Name _____ Library Card # _____

Parent's Name _____ Library Card # _____

E-mail Address _____

Do we have your permission to access your library reading history to avoid suggesting books you have checked out in the past? Yes No

DEMOGRAPHIC INFORMATION

Include any information you wish us to factor into recommendations.

Gender _____ Age _____

PREFERRED FORMAT

Circle any format in which you are especially interested. Cross out any format that you do NOT want. If you do not have a strong preference, do not mark the item.

Regular Print Book Large Print Book Audio CD Audio MP3

GENRES

Circle any genre in which you are especially interested. Cross out any genre that you would NOT read. If you do not have a strong preference, do not mark the item.

Picture Books	Short Stories	Biography/Memoir
Novels/Fiction	Classic Titles	Graphic Novels
Recent Titles	Action/Adventure	Fantasy
Mysteries	Religious	Non-fiction/True
Historical Fiction	Science Fiction	Young Adult
Beginning Reader	Chapter Book	Other _____

HOW DO YOU FEEL ABOUT READING? Check the truest statement for you.

- I read for fun as much as I can.
- I read for fun sometimes, but I enjoy doing other things more.
- I only read when I have to.

READING HISTORY

Please list at least 5 of your favorite books and/or authors.

What was the last book that you read that you really liked?

List any books or authors you have read and have NOT enjoyed.

FOCUS

How do you like your books to be focused? Circle how important each emphasis is to you as a reader.

Focus on Characters	High	Medium	Low
Focus on Action and Events	High	Medium	Low
Focus on Issues and Ideas	High	Medium	Low
Focus on Language and Style	High	Medium	Low

CHARACTERS

Mark preferences for main characters. Circle character traits you want to read about. Cross out traits of characters you would not like to read about. Do not mark when you have no preference.

Age of character: 0-5 6-9 10-13 13-18 adult

Gender of character: Male Female Other _____

Human Animal Imaginary Creature Machine

LIFE EXPERIENCE

Circle any life experience in which you are especially interested. Cross out any that you would NOT read about. Do not mark when you have no preference.

Divorce Growing up Death Friendship troubles

Foster care Homelessness Poverty Mental Illness

Disabilities Immigration War Gender Identity

tone and mood

In the list that follows, circle words that describe books you'd like to read. Cross out tone and mood types you are not interested in. Do not mark when you have no preference.

Action-packed

Funny

Offbeat/Quirky

Bittersweet

Fast-paced

Feel-good

Suspenseful

Moving/Emotional

Darkly humorous

Upbeat

Thought-provoking

Goofy/Silly

length

(Skip this section if you are only requesting picture books for pre-school age children.)
How long do you prefer your books? Circle your preference for each length.

Short: Less than 100 pages

Preferred

Okay

Not interested

Medium: 100-300 pages

Preferred

Okay

Not interested

Long: Over 300 pages

Preferred

Okay

Not interested

Anything else we should factor into our suggestions?

Return this profile to Coos Bay Public Library. Your first Book Box will be ready during the first week of next month!