

# Group 4: High School - Adults Reading Sheet

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_



Author: \_\_\_\_\_

Brief Description: \_\_\_\_\_

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Title: \_\_\_\_\_



Author: \_\_\_\_\_

Brief Description: \_\_\_\_\_

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Author: \_\_\_\_\_

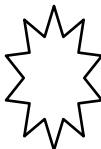
Brief Description: \_\_\_\_\_

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Author: \_\_\_\_\_

Brief Description: \_\_\_\_\_

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