

Point Total
(office)

BOOK REVIEW

BOOK TITLE:

AUTHOR:

GENRE:

MY FEELINGS ABOUT THIS BOOK:

- | | |
|--|--|
| <input type="radio"/> BEST BOOK I'VE EVER READ | <input type="radio"/> I DID NOT LIKE IT AT ALL |
| <input type="radio"/> READ BETTER ONES | <input type="radio"/> THIS BOOK MADE ME CRY |
| <input type="radio"/> MUST READ | <input type="radio"/> I COULD NOT FINISH |
| <input type="radio"/> WISH I HADN'T READ THIS | <input type="radio"/> SO BORING |

STORY SUMMARY:



BEST MOMENTS:

WORST MOMENTS:

STUDENT NAME:

TEACHER NAME :

ADULT SIGNATURE :

GRADE :

