



NAME :

DATE :

BOOK #  DATE	TITLE AUTHOR	WOULD YOU READ THIS BOOK AGAIN? YES NO	
I GOT THIS BOOK FROM:		# OF PAGES:	WRITE A BRIEF SUMMARY OR DRAW YOUR FAVORITE SCENE
I READ THIS BOOK.. <input type="checkbox"/> BY MYSELF <input type="checkbox"/> WITH -----	THIS BOOK IS.. <input type="checkbox"/> FICTION <input type="checkbox"/> NON-FICTION		
FAVORITE CHARACTER:		I READ THIS BOOK...  SLOWLY QUICKLY	
<u>STAR RATING</u> 5 ★★★★★ 4 ★★★☆☆ 3 ★★☆☆* 2 ★★☆☆* 1 ★☆☆☆☆	THIS BOOK MADE ME... <input type="checkbox"/> ASK QUESTIONS <input type="checkbox"/> LEARN SOMETHING <input type="checkbox"/> FEEL EXCITED <input type="checkbox"/> FALL ASLEEP <input type="checkbox"/> HAPPY <input type="checkbox"/> BORED <input type="checkbox"/> LAUGH <input type="checkbox"/> SAD <input type="checkbox"/> SURPRISED		
		NEW WORDS	MEANING