

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

# BOOK REPORT

Title of Book \_\_\_\_\_

Author \_\_\_\_\_

Fiction or Non-fiction? \_\_\_\_\_

Characters \_\_\_\_\_  
\_\_\_\_\_

My favorite part of the story was when \_\_\_\_\_  
\_\_\_\_\_

## Book Rating:

5	4	3	2	1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>