

Name _____ Date _____

Listening Center Evaluation

The title of the book: _____

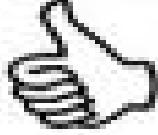
I liked this story: (color in the face)



One part I liked was when _____

or

One part I didn't like was when _____

Would you recommend this book to a family member or friend?
(color one hand) Yes  No 

Draw a scene from the story.

