

**The Virginia Doran
Summer Reading Program
Book Review Form
Grades 1-3**

Name: _____

Grade : _____

Teacher in September : _____

1)Title: _____

Author: _____

My favorite part of the book: _____

Would you recommend this book to a friend? YES NO

Why?

2)Title: _____

Author: _____

My favorite part of the book: _____

Would you recommend this book to a friend? YES NO

Why?

3)Title: _____

Author: _____

My favorite part of the book: _____

Would you recommend this book to a friend? YES NO

Why?

4)Title: _____

Author: _____

My favorite part of the book: _____

Would you recommend this book to a friend? YES NO

Why?