

**The Virginia Doran
Summer Reading Program
Book Review Form
Grades 4 – 5**

Name: _____

Grade : _____

Teacher in September : _____

1)Title: _____

Author: _____

What did this book make you think or wonder about? :

Would you recommend this book to a friend? YES NO

Why?

2) Title: _____

Author: _____

What did this book make you think or wonder about? :

Would you recommend this book to a friend? YES NO

Why?

3) Title: _____

Author: _____

What did this book make you think or wonder about? :

Would you recommend this book to a friend? YES NO

Why?